NEXT ANNUAL SESSION
California Medical Association, Los Angeles. (Date to be announced.)

CALIFORNIA AND WESTERN MEDICINE

Official Journal of the California Medical Association
FOUR FIFTY SUTTER, ROOM 2004, SAN FRANCISCO

VOLUME 62
NUMBER 6

JUNE, 1945

50 CENTS A COPY
$5.00 A YEAR

CONTENTS AND SUBJECT INDEX

Owned [illegible] Published Monthly by the California Medical Association. "Entered ... second-class matter at the post office at San Francisco, under the Act of March 3, 1879." Acce[illegible]ailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 10, 191[illegible]

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CALIFORNIA AND WESTERN MEDICINE

OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

VOL. 62 JUNE, 1945 NO. 6

California and Western Medicine

Owned and Published by the
CALIFORNIA MEDICAL ASSOCIATION
Four Fifty Sutter, Room 2004, San Francisco
Phone DOuglas 0062

Address editorial communications to Dr. George H. Kress as per address above. Address business and advertising communications to John Hunton.

EDITOR . . . . . GEORGE H. KRESS

Editorial Board

Roster of Editorial Board appears in this issue at beginning of California Medical Association department. (For page number of C.M.A. department, see index below.)

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R. H. Sundberg	San Diego	1948
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Advertisements.—The Journal is published on the seventh of the month. Advertising copy must be received not later than the fifteenth of the month preceding issue. Advertising rates will be sent on request.

BUSINESS MANAGER . . . . JOHN HUNTON
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L. J. FLYNN, 544 Market Street, San Francisco (DOuglas 0577)

Subscription prices, $5 ($6 for foreign countries); single copies, 50 cents.

Volumes begin with the first of January and the first of July. Subscriptions may commence at any time.

Change of Address.—Request for change of address should give both the old and new address. No change in any address on the mailing list will be made until such change is requested by county secretaries or by the member concerned.

Responsibility for Statements and Conclusions in Original Articles.—Authors are responsible for all statements, conclusions and methods of presenting their subjects. These may or may not be in harmony with the views of the editorial staff. It is aimed to permit authors to have as wide latitude as the general policy of the Journal and the demands on its space may permit. The right to reduce or reject any article is always reserved.

Contributions—Exclusive Publication.—Articles are accepted for publication on condition that they are contributed solely to this Journal. New copy must be sent to the editorial office not later than the fifteenth day of the month preceding the date of publication.

Contributions—Length of Articles: Extra Costs.—Original articles should not exceed three and one-half pages in length. Authors who wish articles of greater length printed must pay extra costs involved. Illustrations in excess of amount allowed by the Council are also extra.

Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its offices requesting a copy of this leaflet.

DEPARTMENT INDEX

(Itemized Index of Articles is printed on Front Cover)

EDITORIALS

VI. PROPOSALS FOR A COMPULSORY SICKNESS INSURANCE LAW FOR CALIFORNIA

(Continued)

Why the Comments and Items on Proposed Compulsory Sickness Insurance Laws Have Been Continued.—The leading editorial of each issue of CALIFORNIA AND WESTERN MEDICINE, for the last six months, has received the above caption, since the subject is one of immediate and paramount interest, both to physicians and the public of California. Previous comments have endeavored to present a skeleton outline concerning the month to month status of proposed sickness insurance laws now pending in the current 56th California Legislature, through which the proponents were hoping to bring into operation a system of compulsory medical and hospitalization service.

In addition to the above discussions, a considerable amount of space has been allocated to press items in which the views of proponents and opponents of the statutes submitted were portrayed. This policy is continued in the current issue since, in controversial issues, it is important not only to evaluate one's own opinions regarding modes of action, but also to appreciate and consider the arguments and contentions put forth by opposition groups.

If the arguments of the opposition have merit, that fact should be recognized and accepted, and one's own course of action, modified. If, however, no such merit or advantages are found in the statements of the opposing forces, it should make us only the more determined in efforts to attain our own objectives.

* * *

Future Sickness Legislation.—With the large amount of thought now being given to the problem of securing adequate medical care for all classes of citizens, we must realize it is only a matter of time when remedial procedures designed to overcome deficiencies which may now exist in the distribution of medical care, will be brought into being.

On the other hand, illness among lower income groups of citizens, especially when combined with financial and other deficiencies of modern-day living, can easily lead to the exploitation by theorists and well meaning groups or individuals, of supposed remedial legislation that has its basis in transient emotionalism, rather than upon sound actuarial or healing art experience. Also, it is understandable that those who have undergone the

many hardships of serious illness and its medical care and hospitalization expense are usually willing to accept such proferred State aid.

The bare statement that the subject of adequate "medical care has been studied for thirty years," and therefore, the time to act is *now*, does not in itself warrant the enactment of laws that would make existing deficiencies worse instead of better. The question at issue is not, on whether a subject may have been studied, but rather, has a satisfactory and practical solution of the problem been found? To date, on that point, the answer is, "'No"!

Some of the staunchest California proponents of certain pending sickness and hospital insurance and coverage legislation seem unable to understand the great gap that may exist between the recognition of a problem, and its proper solution.

* * *

Governor Warren's Defeat of June 4.—Referring to pending California legislation, it is gratifying to be able to write that the sickness insurance reformers have not been successful in the present 56th California Legislature. At the time of this writing, the news has come over the wires, that Governor Warren's revised "hospitalization" bill (A.B. 2201) has gone down to defeat, by a vote of 45 to 32 in the Assembly, when appeal was made by its sponsors to take the bill from the Committee on Public Health and bring the measure to the floor of the Assembly for consideration by the Lower House. The bill remains locked in the files of the Committee on Public Health. It is hoped that such will continue to be its status until the Legislature adjourns, the tentative, reported date for which,—June 16th,—is not far distant.

Members of the Association who wish to learn more of legislative happenings on the sickness insurance bills—and every California physician should be interested—will find informative items on pages 350-360, where they have been inserted both for legislative reference and historical C.M.A. record. (Note.—Legal adjournment did take place on June 16.)

* * *

Misleading Nature of Governor Warren's A.B. 2201.—An analysis of A.B. 2201—Governor Warren's "hospitalization modification" of his own A.B. 800 and C.I.O. (A.B. 449) bills, appears in this issue on page 355.

The *comment* thereon should be read, since the title of the bill as it has appeared in the press, does not tell the real story of the provisions contained in the proposed law. (See page 357.)

That hospital expenses in serious illness may bring great financial hardships to families and individuals is understood by almost every citizen. However, when a statute containing provisions that would prevent proper development of hospitals, or promotion of more and better medical care is submitted to our Legislature, as a "must pass" measure, the medical profession would be false to its obligations to the public, and to its own traditions, if it did not make every legitimate effort to prevent the enactment of such legislation.

Fortunately, in spite of the political forces and combinations that were brought into action by the State administration, A.B. 2201 on June 4th met with the same fate as A.B. 800 (Warren), and A.B. 449 (C.I.O.), but with even greater rebuff.

* * *

Possible Modes of Legislative and Electorate Action.—Six months ago when this present series of comments began, reference was made in the January issue of CALIFORNIA AND WESTERN MEDICINE, that the 56th California Legislature, in regard to compulsory sickness insurance bills, had power and choice of action, as follows:

(a) The Legislature could enact a compulsory sickness insurance bill, sending the same to the Governor for approval and enactment;

(b) The Legislature could draft a bill and submit it to the electorate, for referendum vote and approval;

(c) The Legislature could choose to do neither of the above, but appoint an Interim Committee to study the subject, with report or recommendations to the 57th Legislature which will convene in January, 1947;

(d) The C.I.O. alone, or with other groups, could make an effort to secure the required number of signatures of voters, necessary to place such a compulsory sickness law on the ballot of either a special election to be called by Governor Warren, or on the state election ballot of November, 1946.

The above are the possibilities in procedure. What the present 56th California Legislature will finally do, will be known when it adjourns, some time in the month of June.

(Later Note.—An Interim Committee was appointed.)

* * *

Present Victory is Only a Breathing Spell—the Battle Must be Carried On.—In the meantime, the following may be stated to the members of the California Medical Association:

This year's battle at Sacramento has been one of the hardest the California Medical Association has ever been called upon to face.

Thanks are given to the many workers, both within and without the profession, who have lent a hand in efforts to prevent the enactment of the immature and dangerous compulsory sickness insurance laws that have been proposed.

The battle, however, is not over. We have only a breathing spell, during which the members of the medical profession can again take stock, and decide on future courses of action.

The active interest and support of all physicians in the continued study of the issues at stake, is urged.

WAGNER-MURRAY "SOCIAL SECURITY AMENDMENT OF 1945"—(S. 1050). COMPANION BILL IS DINGELL (H.R. 3293).

An Interesting Letter from Senator Wagner of New York.—For the information of members of the California Medical Association a

letter from Senator Robert F. Wagner of New York, dated May 31, and addressed to the Editor of CALIFORNIA AND WESTERN MEDICINE, follows:

(COPY)

Robert F. Wagner, New York
UNITED STATES SENATE
Washington, D. C.

May 31, 1945.

George H. Kress, M.D.,
Editor, CALIFORNIA AND WESTERN MEDICINE,
San Francisco, California.

Dear Dr. Kress:

On Thursday, May 24, 1945, I introduced with Senator Murray a bill, S. 1050, entitled: "The Social Security Amendments of 1945." The bill provides for "the national security, health and public welfare." Representative Dingell of Michigan introduced a companion bill (H.R. 3293) in the House at the same time.

I am forwarding the bill itself, and a copy of my speech in the Senate for your information and use.

I particularly invite your earnest study of the provisions of the bill relating to health. There is absolutely no intention on the part of the authors to "socialize" medicine, nor does the bill do so. We are opposed to socialized medicine or to State medicine. The health insurance provisions of the bill are intended simply to provide a method of paying medical costs in advance and in small convenient amounts.

During the formulation of this bill, we have benefited greatly from the constructive advice and suggestions of practicing physicians, and of physicians in clinical and teaching positions. Their constructive suggestions have resulted in changes in the bill which we presented in the last Congress. Undoubtedly other changes will be made before this bill is enacted into law. We wish to have it known that we invite constructive suggestions from the medical profession.

In addition, members of the medical profession will be given full opportunity to voice their opinions in open hearings when the bill is considered in Committee.

I hope that you will print this letter in your JOURNAL and that you will join me in urging the medical profession to undertake an earnest study of the actual provisions of the bill. In this way you can help immeasurably in avoiding misunderstanding and misinterpretation of the legislation and in stimulating physicians and medical and hospital organizations to come forward with constructive suggestions and advice.

Sincerely yours,
(Signed) ROBERT F. WAGNER.

* * *

Senator Wagner Asserts He Believes in the "American System of Free Enterprise."—In Senator Wagner's letter, the second paragraph states:

I am forwarding the bill itself, and a copy of my speech in the Senate, for your information and use.

And on the first page of the mimeographed copy of the speech, the fourth paragraph opens with the remarkable assertion:

I believe in the American system of free enterprise. [!!!]

Those who have studied the text of the former Wagner-Murray bill will find it difficult to reconcile Senator Wagner's above statement with what are practically *compulsory* inclusions concerning health (sickness) coverage, as outlined in the present Wagner-Murray bill (S. 1050), or its companion House of Representatives measure (H.R. 3293), introduced by Congressman Dingell.

* * *

The New Wagner Bill (S. 1050) Is a Lengthy Document.—S. 1050 as presented to the 79th U. S. Congress on May 24, needs some 185 pages. Section 9 is captioned: "Title II—National Social Insurance System." Part A, dealing with "Prepaid Personal Health Service Insurance," commences on page 71 and carries through to page 106.

In the current issue of CALIFORNIA AND WESTERN MEDICINE, additional press comments appear concerning the present Wagner-Murray-Dingell bill, which its sponsors state is an "Act [that] may be cited as the Social Security Amendments of 1945." (See page 359 for a digest.)

In the June 2, 1945, number of the *Journal of the American Medical Association*, on pages 364-365, editorial comment is given; and on pages 369-372 an analysis by the A.M.A. Bureau of Legal Medicine is outlined. Physicians who are interested should take the time to scan the articles.

* * *

Senator Wagner's Outline of the Major Health Objectives of His Bill.—In spite of the fact that Senators Wagner and Murray and Congressman Dingell have deemed it proper to have had practically no official consultation with the constituted authorities of the American Medical Association—an organization made up of more than 120,000 Doctors of Medicine who are members of component county medical societies of constituent state associations, space is here taken to present his own explanation of the scope of the "Health Provisions" of his S. 1050:

(COPY)

HEALTH PROVISIONS

The legislation which I have introduced includes six provisions which will make available basic health services to all of the people wherever located and whatever their income.

First, there is a program of Federal grants-in-aid and loans to the States for the construction of needed hospitals. It should therefore be possible, over a period of years, to assure that essential and modern hospital and related services are available in all parts of the country, especially the rural areas which are so sadly in need of these services. The most urgently needed hospitals should be built first.

Second, the present Federal grants-in-aid to the States for public health services are broadened and increased, to speed up the progress of preventive and community-wide health services.

Third, the community-wide maternal and child health and welfare services, aided by Federal grants-in-aid to the States, are similarly broadened and strengthened.

Fourth, health insurance is made available to 135,000,000 persons.

All four of the measures which I have just mentioned will greatly help to round out the health services of the Nation. By preventing sickness, disability and premature death, they will pay vast dividends in human welfare and at the same time, reduce the costs of other parts of the social security program. However, unless we provide a method for spreading the cost of medical and hospital

care through social insurance, people will still not obtain the treatment they need.

Fifth, funds are set aside from the social insurance contributions to aid in the rehabilitation of persons who are disabled.

Sixth, grants-in-aid are provided from social insurance funds to nonprofit institutions engaging in research or in professional education.

The financial barrier to adequate hospital and medical care is the basic reason for the unequal distribution of doctors and hospitals as between urban and rural areas, and as between prosperous and underprivileged communities. It is the basic reason for the failure of low-income families to receive as much medical care as the well-to-do, although they have more sickness. It is an important cause of the shockingly high rate of rejections under Selective Service.

Health Insurance

A health insurance system will go a long way toward breaking down this financial barrier. Such a system will enable the people to obtain all needed medical care through small, regular pre-payments based on their earnings, and will give them security against catastrophic costs for which they cannot budget individually. It will encourage doctors to settle in rural areas and communities to construct needed hospitals, health centers, and diagnostic facilities, by assuring adequate incomes, equipment and facilities for modern medical practice. It will benefit patients, doctors and hospitals. . . .

Readers who have taken the time to peruse the above statement concerning Senator Wagner's aspirations may not wish to quarrel with him concerning some of the indicated objectives. The difference of opinion by medical men relates rather to the ways and means Senator Wagner and his advisers have devised to bring about a betterment in certain deficiencies that may exist regarding the adequacy of medical care. Let it be remembered concerning such deficiencies, the people and the State are probably more to blame than the medical profession.

* * *

Senator Wagner's "Opinion" Is Not in Harmony With Facts or Experience.—The paragraph in Senator Wagner's speech that immediately follows the excerpt given above makes one ponder on whether the Honorable Senator always carries through with clear thinking and conclusions. Thus, he states:

Propagandists against health insurance shout "regimentation" of doctors and patients, "lowered standards," "political" and "socialized" medicine, and so on. But health insurance is *not* socialized medicine; it is *not* State medicine. Health insurance is simply a method of paying medical costs in advance and in average amounts. It is simply a method of assuring a person ready access to the medical care that he or she needs by eliminating the financial barrier between the patient and the doctor or the hospital. Therefore, it should be obvious that health insurance does not involve regimentation of doctors or patients. Neither do I believe that the doctors of this country will lower the standards of medical care simply because they are guaranteed payment for their services.

* * *

"Health Insurance"—"Sickness Insurance"—"Poverty Insurance." — In the quotation above given, Senator Wagner starts out with references to "health insurance," or what could be more properly called "sickness insurance"; or, "indirect poverty insurance,"—for when the State furnishes the funds to cover the major cost of catastrophic or other illness, such action in one sense, is "poverty insurance."

* * *

On Whether the Quality of Medical Care May be Lowered.—His final sentence in the quotation just given, states

Neither do I believe that the doctors of this country will lower the standards of medical care simply because they are guaranteed payment for their services.

The Senator's statement to that effect may be a thought that is consoling to his ego or egotism but, after all is said, it is nothing more than an expression of an opinion, rather than a logical conclusion based on sound premises.

The opposite opinion, held by thousands of Doctors of Medicine, founded both on practical experience and their far more intimate knowledge of medical practice, would be a much safer guide for Senators Wagner and Murray and Congressman Dingell to follow. Unfortunately, the three Congressional social welfare reformers seem so obsessed with the brain child they and their advisers have created, that they seem unable to appreciate the glaring deficiencies in their own "cradle to the grave" protective plan. Their reluctance or obstinacy in not being willing to seek information from foundation sources, as represented by the constituted representatives of organized medicine in the United States, is the more amazing since, as practical and successful politicians, they themselves must have noted in how many activities, the injection of political control, direct or indirect, has played havoc with civilian work that had been previously conducted in efficient manner.

* * *

Legislative Course of the Wagner-Murray-Dingell Bill Should be Followed by All Physicians: County Societies Should Discuss It.—Readers are urged to keep themselves in touch with the legislative course of the Wagner-Murray-Dingell bills (S. 1050 and H.R. 3293). The secretary of every county medical society should send a letter to his local Congressman, requesting a copy of S. 1050 and of Senator Wagner's statement of May 24th*. This could then be handed to a volunteer or other committee for presentation of a report at a county society meeting, with perhaps a round table discussion on the merits and demerits of Senator Wagner's plan.

The two Senators and Congressmen from California should be informed concerning the conclusions reached by county medical societies. By proceeding along such or similar lines, a double service will be performed:

(1) The members of the County Medical Societies will be more apt to maintain an interest in this proposed legislation; and

(2) The Congressional representatives from California will be informed concerning the opin-

* Copies of S. 1050 may be secured also, from: Council on Medical Service, American Medical Association, 1835 I St., N. W., Washington 6, D. C.

ions held by a powerful group of their constituents.

The proponents of the Wagner-Murray-Dingell bills are making strenuous efforts to promote their propaganda and legislative campaigns. It is important that members of the medical profession be equally alert, in order that the best interests of the public health may be conserved. Officers and Program Committees of county medical societies have here a definite responsibility.

OFFICIAL MINUTES OF C.M.A. HOUSE OF DELEGATES—NEWLY ELECTED OFFICERS OF SCIENTIFIC SECTIONS

Minutes of Meetings of House of Delegates.—This issue of the OFFICIAL JOURNAL carries the minutes of the meetings of the C.M.A. House of Delegates, held in Los Angeles on May 6-7, 1945. Reference is made thereto because members should at least run their eyes over the records of the proceedings of the constituted highest authority of the California Medical Association. This is the more important since, in order to comply with the directives of the Office of Defense Transportation, many of the component county societies refrained from sending full delegations to this year's annual session.

* * *

Newly Elected Officers of Scientific Sections.—In the current issue, on advertising page 4 appears the complete roster of newly elected officers of the scientific sections of the California Medical Association: Anesthesiology; Dermatology and Syphilology; Eye, Ear, Nose and Throat; General Medicine; General Surgery; Industrial Medicine and Surgery; Neuropsychiatry; Obstetrics and Gynecology; Pathology and Bacteriology; Pediatrics; Public Health; Radiology; and Urology.

Attention is called thereto, because members of the Association who may wish to present papers at the annual session to be held in 1946 in Los Angeles, should write at an early day to the secretary of the Section to be addressed. Such cooperation will be much appreciated by Section Officers, who will welcome also, suggestions on topics for conjoint meetings, panel discussions, symposia or special papers.

McBurney's Point.—Although the sign for operative intervention in appendicitis described by Charles McBurney was subjected to much controversial opinion, the expression "tenderness over McBurney's point" remains in common use. On this description, contained in the article entitled "Discussion on Appendicitis; Indications for Early Laparotomy," rests McBurney's claim to medical fame. It is generally acknowledged that McBurney was an outstanding and able surgeon of his time. —Warner's *Calendar of Medical History.*

This glorious Union shall not perish! Precious legacy of our fathers, it shall go down honored and cherished to our children. Generations unborn shall enjoy its privileges as we have done; and if we leave them poor in all besides, we will transmit to them the boundless wealth of its blessings!

—Edward Everett, *Speech,* at Union Meeting in Faneuil Hall, Boston.

EDITORIAL COMMENT†

ASCORBIC ACID VS. THE COMMON COLD

As part of a detailed study of the epidemiology of the common cold the late Wm. B. Brown[1] and his associates of the Division of Health Education, Stephens College, Columbia, Mo., gathered statistical evidence as to the value of ascorbic acid in the prophylaxis and therapy of common cold infections.

Bergquist[2] and Glazebrook[3] and others had previously alleged that in their hands administration of large doses of ascorbic acid daily not only reduced the incidence of common colds but shortened by half the average number of work days lost by each patient who developed this infection. The Stephens College data were collected during 1942-43, for a group of 1,600 girl students. The students were requested to report to the health center at the first recognized indication that a cold might be developing. The initial symptoms were noted and recorded and an examination made. From this evidence an estimate was made of the probable number of hours since the presumed onset.

Alternate students were given either 1 gram ascorbic acid by mouth or without the knowledge of the subject a placebo in the form of 1 gram of citric acid. The subjects were asked to rest, keep warm, retire early, push fluids, take no other medication, and on the following morning to report again to the health center. At this second report an additional gram of ascorbic acid or of the placebo was given. Decision was made as to outcome on the second day, 48 hours after beginning of the management described. Examination at this time revealed that the cold had either not developed or had persisted.

With nose involvements not reported until 8 to 28 hours after presumed onset 21 per cent of the cases were spontaneously checked in the group given citric acid and 59 per cent checked in the group given massive doses of vitamin C. This is a difference of 38 per cent of all cases in which the infection was apparently aborted by large doses of ascorbic acid.

Brown suggests no theory to account for this therapeutic effect. He calls attention to the fact that massive doses of ascorbic acid have been reported to increase the ability of animals to withstand traumatic shock,[4] shock due to loss of blood,[5] or to prolonged subjection to the gravitational stress of the upright position.[6] It is a common assumption among European clinicians[7] that the common cold is an initial virus infection complicated in its later stages by secondary bacterial invaders. Accepting this theory, Brown is of the opinion that massive doses of ascorbic

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

acid, while demonstrably effective during the early or virus stage of the infection, would be ineffective during the later or bacterial stage of the disease. In support of this opinion he quotes the fact that ascorbic acid is an in vitro inactivating agent against influenza[8] and poliomyelitis[9] viruses. The vitamin, however, has no reported in vitro deleterious action against pathogenic bacteria. This theory of ascorbic acid therapy will form the basis for further investigation.

P. O. Box 51.

W. H. MANWARING,
Stanford University.

REFERENCES

1. Brown, W. B., Mahoney, F., Niedringhaus, A., and Lock, A. J. Immunol., 50:161 (Mar.), 1945.
2. Bergquist, G., Svenska laktidnihg, 37:1449, 1940.
3. Glazebrook, A. J., and Thomson, S., J. Hyg., 42:1, 1942.
4. Nugar, G., Nature, 149:637, 1942.
5. Stewart, C. P., Learmouth, J. R., and Pollock, G. A., Lancet, 240:818, 1941.
6. Locke, A., Locke, R. B., and McIlroy, A., Proc. Soc. Exp. Biol. and Med, 54:113, 1943.
7. "Leading Article," Lancet, 246:540, 1945.
8. Knight, C. A., and Stanley, W. M., J. Exp. Med., 79:291, 1944.
9. Jungeblut, C. W., J. Exp. Med., 70:315, 1939.

TUBERCULOSTATIC SERUMS

In 1941 Emmart and Smith[1] of the National Institute of Health, Bethesda, Md., described a new technique for titration of the virulence of tubercle bacilli. A standard dose of a suspension of the bacilli was placed on the outer surface of the chorioallantoic membrane of an 8-day-old chick embryo. Six days later the coverslip seal was removed and the membrane fixed in situ with 4 per cent formaldehyde solution. The fixed membrane was placed in Zenker-formol solution and studied histologically. The number of macroscopic and microscopic tubercles and the degree of cellular proliferation were then evaluated. The latter was recorded on an arbitrary scale, 4-plus representing maximum involvement.

As a typical application of this technique Emmart and Smith[2] afterwards tested the attenuating effect of "promin" (p, p′-diaminodiphenylsulfone-N-N′-dextrose sulfonate) on tubercle bacilli. It had been previously reported by Smith[3] and others that this sulfonate administered orally retards the development of the tuberculous process in guinea pigs. To determine the probable mechanism of this retardation, a strain of human tubercle bacilli of moderately high virulence was grown in a routine culture medium (beef bouillon plus 5 per cent glycerine) to which 10 mg. per cent "promin" had been added. After the second transfer in this medium, the strain was returned to the control promin-free culture medium. The exposure to "promin" was repeated from 1 to 4 times, after which the bacilli were again grown in promin-free medium.

To prepare the inoculum a weighed portion of washed bacteria from this final culture was finely dispersed in normal saline solution, 0.2 cc. of the solution contained 1 mg. of tubercle bacilli. In a typical experiment 27 8-day incubated eggs were each inoculated with 0.2 cc. of a suspension of the promin-treated bacteria. An equal number of control inoculations were made with the original non-attenuated culture. Six days later 66 per cent of the membranes inoculated with the promin-treated bacilli showed macroscopic tubercles. There was a 100 per cent involvement of membranes inoculated with the non-attentuated control bacilli. Microscopically the average cellular proliferation was 1.3-plus as contrasted with an average control proliferation of 2.5-plus. These and other data suggest that the virulence of the tubercle bacilli had been reduced approximately one-half as a result of promin-exposure. The exact mechanism of this attenuation was undetermined. In a second series of tests the average degree of virulence was reduced to one-third of the control virulence as a result of slightly longer exposure.

Since then Emmart and Seibert[4] have applied the same technique to a study of the highly controversial subject, the probable rôle of humoral antibodies in tuberculosis resistance. Rabbits were sensitized by repeated intracutaneous injections with purified tuberculin proteins. The serum for such rabbits was mixed with tubercle bacilli and the mixtures implanted on 8-day chick embryos. Control tests were made with normal rabbit serum. In the control tests 94.5 per cent of the inoculated membranes developed macroscopic tubercles. In the sensitized serum tests this number was reduced to 57.1 per cent. In a second series of tests the sensitized and control serums were placed on the membranes 24 hours prior to the inoculation. In this series 64.1 per cent of the controls developed macroscopic tubercles as contrasted with 32.8 per cent in the membranes immunized with the sensitized rabbit serum. The conclusion was drawn from such data that sensitized rabbit serum contains a tuberculostatic factor capable (in the amounts tested) of reducing by one-half the pathogenicity of tubercle bacilli. Fractionation of this serum showed that the tuberculostatic factor is present only in the gamma globulin fraction, the remaining serum proteins being inert.

Examination of pooled serum from patients with minimal tuberculosis showed a similar tuberculostatic factor. This is also present only in the gamma globulin fraction. The relation of this tuberculostatic factor to conventional humoral antibodies has not yet been determined, nor have any clinical applications of the new technique thus far been suggested.

P. O. Box 51.

W .H. MANWARING,
Stanford University.

REFERENCES

1. Emmart, E. W., and Smith, M. I., Public Health Repts., 56:1277, 1941.
2. Emmart, E. W., and Smith, M. I., Proc. Soc. Exp. Biol. and Med., 51:320, 1942.

(References concluded on page 320)

ORIGINAL ARTICLES

Scientific and General

FENESTRATION OPERATION FOR DEAFNESS*

ROBERT C. MARTIN, M. D.
San Francisco

RECENT publicity of a very unfortunate nature has made it imperative that the subject of Fenestration Operation for Deafness be brought into perspective for layman and physician alike. Its background, present status, and probable future will be briefly presented without references to present day technique.

HISTORICAL

Kessel, in 1876, removed the stapes to replace the footplate with a movable membrane. In 1897 Passow trephined the promontory. Both obtained transitory hearing improvement. Barany trephined the posterior vertical canal. Jenkins, in 1913, opened the horizontal canal in two patients and in one used a Thiersch graft.

In 1917 Holmgren used the upper part of the anterior vertical canal, removed the bone between the fistula and the dura allowing the dura to act as the movable membrane. In 1920 he opened the promontory and used mucoperiosteum for a flap. Two years later he opened the horizontal canal covering the fistula with mucoperiosteum of the ampulla.

Sourdille, in 1924, brought new light on the problem by his three-stage technique, which Lempert has modified and converted into a one-stage procedure. Sourdille reported in 1929.

Holmgren[1] was encouraged and changed his technique, obtaining eleven improved patients, eight to a pronounced degree, in thirteen cases. He operated through the mastoid, covered the fistulae with gold leaf held in place by a fat graft and closed the wound.

SOURDILLE'S METHOD

Sourdille's[2] technique was in three stages with intervals of four or five months between. He describes it as follows:

Stage I.—The cutting of and removal of a large area of skin from the outer two-thirds of the postero-superior wall of the external auditory meatus; the healing will take place under this, but strong, epithelialized, hairless and glandless tissue.

Stage II.—The mastoid cells are laid open, the aditus is exposed, and the head of the malleus is removed, care being taken not to dislocate the incus, which must remain in a high position. The cicatricial tissue obtained in this stage—called "plastique interne"—will be used to cover the incus and closes the aditus up to the external semicircular canal. The postoperative treatment will aim at epithelialization as after a radical mastoid operation.

Stage III.—The opening of the bony wall of the horizontal semi-circular canal. The "plastique interne" is applied to cover the opening.

He stresses that only cases with primary otosclerosis with stapes fixation should be operated and indicates one must not wait too long before operating—another way of saying our present dictum that more than twenty decibel loss of nerve function, as measured by bone conduction, should rule out the candidate for operation.

PRESENT STATUS OF FENESTRATION OPERATION

Lempert[3] first published his one-stage, modified, improved Sourdille technique. His later, and perhaps most important contribution to the permanency of the fistula is in placing it forward over the ampullar region of the horizontal canal where a broader fistula may be made. Also his recognition that the incus might be removed without influencing end results in function. He uses the dental polishing burr for the fenestration and European operators used gouges or "rubbers," perhaps another factor he found to insure patency. Minute descriptions of his various techniques are found in the literature and will not be described here. By using them he was able to raise his percentage of good results to around 70 per cent in suitable cases.

INDICATIONS

The type of patient best suited for this operation is a typical otosclerotic, with family history a typical finding. It has been found, however, that many cases not giving such history, but with normal ear drums and absence of previous infection, have responded very well to the surgery. Contraindications are previous infections, sclerosis of mastoid, or nerve type deafness. It must be a conduction deafness, without the contraindications just enumerated.

All of the investigators interested in this work agree that there must be good nerve function to obtain satisfactory results, which is entirely logical. They agree that any patient showing over 20 decibels loss of bone conduction in the hearing frequencies should not be operated. Some operators hold a loss over 40 decibels in air conduction as a contraindication, but we have seen several cases with a loss of over 60 decibels who have obtained rather marked benefit, having had their loss converted into only a 20 decibel loss and bringing them in the range of useful hearing. This particular point is a new question and our own particular opinion is that the nerve factor is the most important one.

RESULTS

The results vary according to the operator's enthusiasm and the criteria used to evaluate those results. To me, there is no result to be considered a result, unless it gives useful hearing to the patient. Perhaps 90 per cent of the cases do show some improvement, but if it does not enable the patient to hear, of what use is the improvement? The figures in themselves are misleading, although undoubtedly this was not so intended by the person giving out such a series. I think that a fair estimate of the results to be obtained from trained operators throughout the land will be somewhere in the region of 50 per cent lasting improvement, with the hearing raised to the realm of usefulness. This is a prediction not based on facts, but a recent survey done in the East of 500 cases showed that but 49 per cent obtained lasting useful hearing.

We bring these factors out and mention them because we feel that such articles as recently appeared in the *Reader's Digest* are distinctly harmful, and lead to a loss of confidence in the medical profession because they are misleading in their enthusiasm.

The results will, of course, vary with the skill of the operator, no matter how well trained or how long trained he has been, as it is an exceedingly difficult operation to do and do properly. One must have, in the first place, absolutely accurate knowledge of anatomy and the ability to recognize that anatomy at any time during the opera-

* Read before the Section on Eye, Ear, Nose and Throat, at the Seventy-fourth Annual Session of the California Medical Association, Los Angeles, May 6-7, 1945.

tion. In addition, he must possess far more than the average technical dexterity and skill in order to get any sort of a result. As Dr. Mosher remarked recently, it is not an operation for the occasional operator.

COMMENT

There are several factors having to do with this operation that have never been cleared up and will not be until enough cases have been amassed to allow for their proper evaluation. The first one is how long the result of improvement to useful hearing will last. The oldest cases that have been operated are now some six years since operation, and in some cases the maintenance of improvement is remarkable. I have a doctor's wife whom I sent to Dr. Lempert four years ago, who has improved from a 40 decibel loss for air conduction in the hearing range to a ten decibel loss. Her attitude is that if she were to lose her hearing tomorrow, she still feels that the four years of rehabilitation that she has obtained is worthwhile. To be sure, she could have obtained this same result with a hearing aid, but she flatly refused to use one. I can see no reason to suppose that the degeneration of the nerve will be halted by the operative procedure, but Sourdille mentions the fact that in some of his patients many years have elapsed without any apparent progress of the disease evidenced by a loss of hearing. This factor again will have to await the passage of time before it can be evaluated. If Gray's theory of the etiology of otosclerosis is correct; that is, that the nerve change is primary and the bony change is trophic, then of course it will eventually prove that there will be no arrest of the disease by the operative procedure.

REACTIONS OF PATIENTS

The patient's attitude is one of two things. If he has had a successful result, he is completely rehabilitated, and most of them feel that even though eventually their hearing does progress to another state of uselessness, that the time they have enjoyed normal hearing without the tone distortion hearing aids produce, will have been worthwhile; at least so they state; but knowing human nature, I would like to talk to one after such a secondary recession had occurred. A patient who has obtained an unsuccessful result, that is, he has heard fairly well for three or four months and then there has been a closure of the fistula by bony or fibrous union, is a rather dejected person, usually willing, however, to have a second attempt made to return the hearing to usefulness. I believe that the patient's psychic makeup should be a great factor in determining whether to operate or not, as it is certainly not an operation to be done on a high strung nervous patient who is easily depressed, as in the event of a failure he may suffer a mental trauma which is far worse than the previous deafness from which he suffered. I believe that a thorough physical examination should always be made to determine whether the patient's general condition will stand the shock of such an operation, it being distinctly a major procedure. The main dangers of this major procedure, however, seem to lie not along the lines of mortality but in the occasional occurrence of facial paralysis from an inflammatory spread to the nerve, and secondly, the complete loss of hearing which may result from labyrinthitis after any of the operations. This complete loss, or marked impairment, occurs in from 1 per cent to 2 per cent of patients and is probably nearer 1 per cent.

FENESTRATION OPERATIONS AND HEARING AIDS

What are the advantages of this procedure over wearing a hearing aid, which will produce the same amount of improvement for hearing human speech? There are no advantages if the patient be willing to wear a hearing aid, but most of them will not put up with the inconvenience of batteries and the rather cumbersome apparatus that has to be carried around. Those who have had a hearing aid and then obtained a successful fenestration result, claim that there is no distortion of speech and that the selective amplification of speech over the attendant noises in common every-day life returns immediately that their hearing improvement has become manifest after the operation. This amplification of incidental noises is also one of the chief complaints against the hearing aids. I believe that it is a matter for any individual to have explained fully to him and to allow him to make his choice, the advantages being set forth, and, more markedly than the advantages, the disadvantages should be emphasized. It is, as Shambaugh puts it, an elective operation entirely. The worse ear is usually operated on, and in the event of its loss through misadventure during the operation, there is still a useful ear on which the hearing aid can be used.

IN CONCLUSION

In conclusion, I should like to emphasize that it is the first forward step in doing anything for the deafened that has occurred in my lifetime as a practicing otologist. I am, therefore, very much disturbed at overenthusiasm and injudicious publicity that may endanger a purely scientific approach to the study of whether it is worthwhile or not. I do not believe that the public is capable of judging whether it is or is not, and I think that we should be extremely careful in compiling our statistics before letting them get into print, else irreparable harm will be done to what I feel is an operation of merit.

384 Post Street.

REFERENCES

1. Holmgren, G. J.: The Surgery of Otosclerosis, Ann. Otol., Rhinol. and Laryngol., 46:3, (March), 1937.

2. Sourdille, M.: Nouvelles Techniques Operatives pour la Traitement des Surdites Chroniques Progressives ou Otosclorosis, Arch. Internat. de Laryng., 9:200-220 (Feb.), 1930.

Surgical Treatment of Otosclerosis, Proc. Roy. Soc. Med. (Sect. Otol.), 23:1441-1456 (Aug.), 1930.

3. Lempert, J.: Improvement in Hearing in Cases of Otosclerosis: A New One-Stage Surgical Technique, Arch. Otolaryngol, 28:42 (July), 1938.

AMBULATORY PATIENTS AT THE LANGLEY PORTER CLINIC: THEIR MANAGEMENT*

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THE term "ambulatory" as applied to patients at The Langley Porter Clinic of the University of California Medical School in San Francisco is a convenient word to designate the patients who are not living in the hospital. Most of the in-patients are, of course, also ambulatory, but their management is on a twenty-four hour basis. This paper deals with out-patients who may merely come for an hour's interview at a time, or who may spend a part of the day in the hospital. The great bulk of The Langley Porter Clinic patients is of this class, for the clinic is built for only a hundred beds, and, up to the present time, but four of the six wards are open due to the shortage of nurses and attendants. In the Out-patient Department, however, during the past six months, there has been a steady average load of

* Read before the Section on Neuropsychiatry, at the Seventy-fourth Annual Session of the California Medical Association, Los Angeles, May 6-7, 1945.

From the Langley Porter Clinic, the Medical Center, San Francisco.

about five hundred patients. These cases vary widely in type and age, ranging from behavior problems in children to the psychoses of the aged. Their management, therefore, embraces a number of therapeutic methods to which the psychiatrist, internist, surgeon, psychologist, psychiatric social worker, psychiatric nurse, physiotherapist, and occupational therapist all contribute.

LANGLEY PORTER CLINIC AT U. C. IS A SPECIAL STATE HOSPITAL

The Langley Porter Clinic is a special State hospital established by law to furnish treatment for early and acute mental conditions. The additional functions of the clinic are teaching and research. The practical management of any particular patient, therefore, is not only based on the principles of therapy, but is also related to all three main functions of the clinic. Thus any given patient under treatment may participate in, and benefit from, a program of broader scope than can generally be brought to bear on the problems of mental illness in ordinary practice.

It should be borne in mind also that, while The Langley Porter Clinic is a State hospital, all treatment is on a voluntary basis. That is, no patients may be legally committed to the clinic as they are to other State hospitals. Therefore, whatever the condition and the treatment may be, the patient must clearly understand the plan and voluntarily agree to it. In the long run, this fact limits the clinic to dealing mainly with early cases or with the more benign and curable conditions.

WHEN TREATMENT BEGINS

We consider it important to realize that treatment begins the moment the patient contacts the clinic, either by letter, by telephone, or by walking in the door. Frequently the referring doctor or agency, if there is one, has already made arrangements for the patient. Whether this occurs or not, the primary concern of the entire staff is to create an atmosphere of understanding coupled with a matter of fact recognition of mental or emotional disturbances as illnesses that require medical attention. The psychiatrist is, in fact, often in a position similar to that of the epidemiologist; he may have to remove the patient from the rest of society temporarily, and the spirit in which this is done is identical in the two instances. The common feeling of patients and their families that a social stigma is attached to mental disease is combated by the entire staff, whose attitude is based on a profound conviction that the psychological mechanisms and emotional conflicts of the mentally ill differ in degree, but not in kind, from those of all human beings.

CLINICAL MATERIAL

The kinds of problems handled at The Langley Porter Clinic are as varied as individuals are one from another, but, in a general way, the sources of referral define the main types. About 20 per cent of the cases come from agencies, including courts, probation offices, and schools. Most of these cases have been referred because of abnormal or unusual behavior such as juvenile delinquency, sex offences, addiction to alcohol or other drugs, poor family relations, and bad work-records. In this group there might be included the many veterans referred by the American Red Cross and others after discharge on neuro-psychiatric grounds.

Approximately forty per cent of our patients are referred directly to The Langley Porter Clinic by doctors. Add to this another twenty per cent transferred to us by the University of California Hospital. Generally speaking, all of these patients suffer from physical symptoms and present the dual problem of diagnosis and treatment.

The remaining twenty per cent of patients are self-referrals, a most welcome and hopeful group; for the patient who recognizes in his difficulties the psychogenic nature of the trouble has, in most instances, already taken an important step toward recovery. The most unfavorable members of this group are the faddists and hypochondriacs who spend their lives shopping around for medical services.

Another unfavorable group of patients is referred to The Langley Porter Clinic by distracted relatives, doctors, or agencies. These patients are the hopeless social misfits, the severely retarded mentally, or patients in the advanced stages of mental disease. In such cases, little or nothing can be done for the patient and, furthermore, the patient wishes little or nothing to be done. Here therapy is often aimed at the well-wishing sources of referral, to help them achieve a more realistic acceptance of the patient's poor prognosis, while arrangements are made for hospital or institutional care of the patient.

CHILDREN AND ADOLESCENT GROUP

The children and adolescents range in age from one to seventeen years. The most severe cases of primary behavior disorder or childhood schizophrenia are given treatment in the wards, one of which is set aside for children under twelve. The less disturbed children and adolescents are treated in the Out-patient Department, but in practically all of these cases a major part of the treatment is directed at the parents. In the usual case under eighteen years of age, not only does the patient have his or her own therapist, but also another member of the staff is assigned to one or both parents. The psychiatrist in charge of the Child Guidance Clinic supervises and integrates the work of the doctors, clinical psychologists, and psychiatric case workers who are assigned to the particular case. Thus, while the mother is having interviews with a psychiatrist or social worker, the child may follow a schedule of individual play therapy. Or, for example, an adolescent girl may need group therapy while intensive, individual treatment is indicated for the father and the mother. When a child's relationship to the school is prominent in the problem, a special effort is made to interview the child's teacher so that the clinical and schoolroom programs for the child may be fitted together.

The same sort of coöperative effort by several members of the staff is frequently made for adults as it is for juvenile patients. However, the majority of adult, ambulatory patients are candidates for intensive, individual therapy only. The plan of treatment, of course, depends on the diagnosis, which is made in each case only after complete physical, neurological, psychiatric, and serological examinations. No patient is treated at The Langley Porter Clinic without these examinations, to which in many cases are added psychological, electroencephalographic, x-ray, and special laboratory tests. Free use is also made of the consulting staff of internists, surgeons, gynecologists, pediatricians, and so forth. The patient's mental illness is, therefore, viewed with medical perspective from the outset, and the fallacy of the old dichotomy between organic and functional disorders is minimized. Diagnostic clinics are scheduled by the Director of the Out-patient Department three times a week. Here new patients are seen, a diagnostic impression is reached, and plans for further study at the clinic, or other dispositions, are made. Patients who arrive without appointment and emergencies are handled by the officer of the day and a senior consultant.

PSYCHONEUROTIC GROUP

The largest diagnostic group of patients is the psycho-

neurotic, for which some form of psychotherapy is prescribed. Since the staff members are by no means adherents to any one school of thought, most of the recognized brands of psychotherapy are practiced at The Langley Porter Clinic. A special effort is made to match the patient with the right therapist, but it is likewise considered important not to transfer a patient from one doctor to another any more than can be avoided. Though every patient is seen by a senior consultant, a special doctor-patient relationship is encouraged in all ways.

TREATMENT

While the most important part of the management of ambulatory psychiatric patients consists in individual, psychotherapeutic interviews, other forms of treatment are used concurrently. Group therapy for adults is just being started at The Langley Porter Clinic, though it has already proved useful with children. Occupational and recreational therapy within the clinic are reserved for the in-patients due to shortage of personnel, but help is frequently given the out-patients for drawing upon the community's resources in these fields.

Many clinics frown upon the use of electric shock therapy for out-patients. With the proper precautions, however, this type of treatment has proved to be a safe procedure in about one hundred cases at The Langley Porter Clinic. In addition to obtaining an adequate history from both the patient and a relative, plus complete physical and mental examinations, the following safety measures are taken: (1) An electrocardiogram, if the patient is over forty or gives a history of cardiac disease; (2) x-ray films of the spine, both before and after treatment; (3) an x-ray film of the chest, because, according to some authorities, a tuberculous lesion may be reactivated by shock therapy; (4) the patient must remain in bed for two hours after each treatment; (5) the patient may not leave the hospital alone or drive an automobile, but must be called for by a responsible person; (6) someone must remain with the patient at all times, because of the risk of suicide.

Before curare was used at the clinic routinely, about twenty per cent of patients receiving electric shock incurred fractures of the spine. Most of these were small compression fractures of the upper plate of the vertebra and would have been overlooked without extremely close scrutiny of the spinal films, and in many cases the patient had no symptoms from the fracture. However, because of this large percentage of injuries, the policy of giving curare routinely was instituted. Since that time, the fracture rate has dropped to zero per cent. The dosage of curare is 3 cc. the first time and may be gradually stepped up to 5 cc. if necessary.

The schedule for electric shock therapy is three times a week until apparent recovery. Treatment may not be discontinued at this point, but may be tapered off gradually after the disappearance of the symptoms, with the idea of preventing their recurrence. There is no rigid formula for this part of the treatment which is actually individualized. In general, though, after the initial intensive course, two treatments are given the first week and one treatment the second week, followed by a treatment once in two weeks, then once in three weeks. Patients who display a tendency to relapse are kept on a maintenance dosage of one treatment every two or three weeks, over a period of three or four months, according to the individual problem. This is done especially in cases giving a history of regular cyclic depressions, with the aim of breaking up the cycle.

In all cases, the families of shock patients are warned about the memory defects which usually last a few days to a few weeks after a course of treatment, but which may persist in a minority of cases for several months.

Most of the patients who are given electric shock therapy at The Langley Porter Clinic have been diagnosed as the depressed type of maniac-depressive reaction, as involutional melancholia, or as catatonic schizophrenia with depressive features. We do not consider anxiety states with depression as suitable cases for electric shock therapy.

All patients are followed for at least a year after shock treatment. During that period they receive psychotherapy if this is at all feasible, but at any rate psychotherapy is instituted as soon as, or before, the initial course of shock therapy is begun.

In using the conditioned reflex treatment for alcoholism, it is not possible to give the full course of treatment on an ambulatory basis. The patient must be hospitalized for the initial series of five to eight daily treatments. Following this, however, the single treatment once in two weeks, then once in three weeks, four weeks, etc., may be managed on an out-patient basis. The purpose of the treatment is, of course, to develop a physical aversion to the sight, smell, taste, and very thought of alcoholic beverages, at the conditioned reflex level. This is accomplished by the use of emetine in a delicate, yet rigorous, procedure involving the drinking of all sorts of liquors. It is so rigorous that precautions must be taken to prevent collapse, and the patient must remain in bed for the remainder of the day.

It should be borne in mind, in connection with the treatment of alcohol addiction, that the conditioned reflex treatment constitutes only a part of the general management of such cases. It does not replace psychotherapy or combat the social and environmental factors which are of supreme importance in the problem of alcoholism.

Vocational problems are frequently associated with mental illnesses. The Psychology Department of The Langley Porter Clinic is particularly interested in guidance for such patients and works with the State Bureau of Vocational Rehabilitation, the United States Employment Service, schools, courts, and other agencies in both measuring and treating the patient's vocational difficulties. The clinic does not engage in vocational guidance, however, as a separate function, any more than it accepts a patient solely for an electro-encephalogram or psychiatric case work or any single service. On the contrary, all the special services that the clinic is able to provide are considered as integral parts of the complete study and treatment of the total personality.

The psychobiological principle of the parallelism and inseparability of mind and body lies at the basis of any understanding of the dynamics in psychosomatic conditions. The medical staff of The Langley Porter Clinic practices medicine and not psychiatry as a separate profession. This policy is encouraged, and the effort is fortified, by the fact that the University of California Hospital and Medical School are so closely associated with the clinic. It was established by the State Legislature that the Medical School's Division of Psychiatry should function at the clinic. Thus the two institutions and their personnel have a common bond. In the management of psychiatric patients this bond helps to unify treatment and to remove any doubts about psychiatry's being a fundamental part of medical practice. In this way, both practically and theoretically, The Langley Porter Clinic avoids the illusion of separateness and escapes the delusion that any mentally ill person can be handled as either a purely organic or a purely mental problem.

1st and Parnassus.

Life can only be understood backwards; but it must be lived forwards.

Soren Kierkegaard, *Life.*

CALIFORNIA STATE BOARD OF MEDICAL EXAMINERS*

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IN the year 1876, the legislature of the State of California established itself as a pioneer leader in the matter of legislation regulating the practice of medicine, for it was during that session that an act was passed directing the duly incorporated Medical Society of the State of California to elect a Board of Medical Examiners from its membership. This Board was authorized to issue licenses to all having a valid diploma from a legally chartered medical school in good standing.

In 1901, the legislature, in order to meet the rapidly changing conditions resulting from the ever increasing population and development of the State, made a drastic change in the personnel of the Board. In that year the Board took on a composite complexion with three groups represented: Non-sectarian Doctors of Medicine; Homeopathic Doctors of Medicine, and Eclectic Doctors of Medicine. The Board was authorized to examine and issue licenses to qualified graduates of these three schools.

In 1907, a further change was made necessary, because in that year Osteopathy was legally recognized in California as one of the healing arts, and a Doctor of Osteopathy was added to the composite Board. This Board functioned in like manner as the previous Board.

In 1922, by an initiative act, the People of the State of California authorized the creation of a separate Board of Osteopathic Examiners, and a separate Board of Chiropractic Examiners, each assuming and administering all matters pertaining to their respective schools. A good deal of confusion exists as to types and scope of osteopathic licenses. There is an Osteopathic Physician's and Surgeon's license issued to graduates of recognized osteopathic schools who hold the degree D.O. This certificate entitles the holder to do major surgery and to use any type of drug in the treatment of his patients. Incidentally such a practitioner is not required to use the suffix "D.O." The other type of license is that granted to Osteopathic Physicians. This license has not been issued in late years. It is a limited license, restricting the recipient from doing surgical operations, or giving drugs.

PRESENT LAW: EXISTING BOARD OF EXAMINERS

The present Board of Medical Examiners for graduates in non-sectarian medicine, is composed of ten physicians and surgeons, each appointed by the Governor to serve for a term of four years. The authority under which the Board of Medical Examiners functions is derived from the Business and Professions Code which, by legislative act in 1937 was condensed into its present form. In essence, the present law is what was formerly the Medical Practice Act, adopted in 1913.

In the California Business and Professional Code are tabulated all the requirements for licensure exacted for each branch of the healing arts coming under its jurisdiction, namely: Physicians and Surgeons, Drugless Practitioners, Chiropodists, Midwives and Dispensing Opticians. In the Code will also be found a definition of that which constitutes an offense against the Act, the method of citation and trial, as well as the degree of punishment permitted, I would recommend that this Code be read by all practitioners. It is printed in the directory mailed to you each year when you pay your annual license fee.

During the past five years, the Board has had to consider many unusual problems; most of them resulting from the changed conditions which have come about because of the tremendous movement of people to certain areas where the large plants for the production of war materials are concentrated. This wholesale dislocation of population has caused a disruption in the normal medical coverage for those areas.

REASONS FOR SOME EXISTING PROBLEMS

Public officials and others concerned with the care of these people have sent calls throughout the East, inviting and imploring medical graduates to come to California. Our Chambers of Commerce, through their modest propaganda concerning the beauties of our climate and the opportunities to be found here, have assisted in arousing many physicians to such a pitch that they have closed their offices, sold their homes and have come to California, thus giving up the cumulative results of many years of hard work that were needed to build up a practice. Some of the older men have taken this opportunity to realize a long cherished dream of spending their last years of life in this State, where they hope to find peace and the solace promised them.

In California areas where medical care has become inadequate, the Procurement and Assignment Committee has had the task of supplying the requisite physicians. The difficulties for the Board of Medical Examiners have arisen because its members have had to insist that every individual practicing medicine in these communities should possess a valid license to practice in California. It has been difficult to convince the medical administrative heads of essential industrial projects of the fact that the laws of the State of California have not been suspended by the war effort, important as the war effort is. Therefore, insistence on obedience to these laws has created dissatisfaction and sometimes bad feeling. Also a medical officer, who has served in the Medical Corps of the United States Army for two years and has received his honorable discharge is much annoyed and given to sarcastic criticism upon hearing that his unaccredited school of graduation is still an obstacle to licensure in California. He and many others labor under the erroneous belief that service in the Armed Services erases all deficiencies to be found in their credentials.

RELATIVE NUMBER OF WRITTEN AND RECIPROCITY EXAMINATIONS

The fact that California, to many, has become the Promised land is attested to by a consideration of the comparative figures of the number of written examinations given, and the number of oral (or reciprocity) examinations granted, each for the period from 1940 to 1944, as outlined below:

PHYSICIAN'S AND SURGEON'S APPLICATIONS FILED

For Year	Written Examinations	Reciprocity Oral Examinations	Total
1940	407	262	669
1941	409	309	718
1942	457	333	790
1943	584	471	1,055
1944	402	688	1,090
Total for Five Years	2,259 written	2,063 oral	4,322

Applications for a physician and surgeon certificate increased by 421 or 62 per cent in the last five years.

From these figures it will be noted that the number of written examinations (which represent largely our recent American graduates), has remained fairly con-

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* Read before the First General Meeting, at the Seventy-fourth Annual Session of the California Medical Associatoin, Los Angeles, May 6-7, 1945.

From the Office of the Secretary, California State Board of Medical Examiners.

CERTIFICATES ISSUED TO FOREIGN GRADUATES

Year	Written Examinations	Percentage of Foreign of Total Issued	Reciprocity, Inclusive National Bd.	Percentage of Foreign, of Total Issued	Total
1940	33	8%	5	2%	38
1941	34	8%	3	1%	37
1942	38	8%	7	2%	45
1943	19	4%	15	3%	34
1944	11	2%	19	3%	30
Total	135	6%	49	3%	184

Total number of licenses issued in last five years to foreign graduates is 4 per cent of total number of licenses issued.

stant; the great increase is found in the reciprocity group, where an increase of 62 per cent has occurred.

RE: FOREIGN GRADUATES

I have frequently been asked if the influx of physicians into our State is not largely composed of foreign graduates. The following figures for the last five years, compiled for my use by Chief Clerk Wallace Thompson in our Sacramento office, illustrate vividly just what relationship this group of applicants have to all other types:

It will be noted that 184 foreign graduates have been licensed during the last five years. For the same period 3,549 Physician's and Surgeon's licenses were issued. While the number of foreign graduates licensed is only about 4 per cent of the total, it is apparent from the figures that an increasing number of reciprocity applicants are appearing, these having increased from 5 in 1940 to 19 in 1944. The explanation of this trend is found in the fact that these foreigners are now becoming American citizens and are thus removing some of the obstacles to licensure in this State. It is safe to predict that we will see an ever increasing number of such applicants in the succeeding years. This fact is more significant, when we consider that New York State during the last five years has licensed approximately 2,965 refugee doctors. We are receiving applications from South America, Mexico, Canada, Russia and all the European countries, China, Hawaii, the Philippine Islands and Alaska.

The foreign graduate has always been a problem. In 1935 legislation was adopted in California, exacting additional qualifications of graduates of foreign schools. One of these conditions requires that they must complete one year of rotating internship in an approved hospital in the United States. This has proven to be a valuable requirement because it has given the foreign graduate an opportunity to become acquainted with our hospitals and methods, and has been a means of weeding out the poorly trained foreign graduate, since in many instances the hospital has reported unsatisfactory work, and our Board is authorized to exact a satisfactory internship. Thus we are able to deny the privilege of written examination when such applicants present their credentials for consideration.

Some of the difficulties encountered have their pathetic side. I recall the case of a young man of Jewish origin, who completed his medical training at the University of Hamburg, Gremany. He wrote his thesis, passed the examination for a license, and when he was about to receive his degree, the Hitler government decreed that no one of Jewish origin could henceforth receive the degree of M.D. from a German university. In this example, we have a man who possessed all the required medical training, but who had not actually received a degree M.D., nor did he possess a diploma. We were thus obliged to deny him the right to written examination.

After examining many credentials of foreign graduates, I am impressed with the fact that our American medical schools offer a much better course of training, and that our average American graduate is a much better trained doctor upon graduation than is the average foreign graduate.

IMPOSTORS

In the examination of credentials we must be on the lookout for the unscrupulous impostor. Illustrative of this is the case which occurred in 1942 in Chico, California. An individual falsely obtained by correspondence with the Alabama Board of Medical Examiners and the University of Tennessee School of Medicine, a copy of the credentials of a Dr. J. H. Phillips, who had been confined to a hospital for the mentally ill in Augusta, Georgia, since World War I. This impostor was able to obtain employment as a physician in a C.C.C. Camp and later brazenly entered private practice in Chico, under the name of Dr. J. H. Phillips. The result of the investigation by our Special Agent was used by the Federal authorities and the impostor, Arthur Osborne Phillips (correct name) is now resting in McNeil Island penitentiary.

Another case occurred last year, when a colored sergeant in the United States Army presented a photostatic copy of what he claimed was his diploma from the University of Edinburgh. Our investigators, who are practiced in evaluating credentials immediately noted that it was not a genuine diploma, as his name appeared to have been superimposed. By correspondence with the University of Edinburgh it was soon established that no such man had ever graduated from that institution. The strange fact remains that this man had convinced his superior officer in the Army of his qualifications and the latter had written a letter in his behalf.

PENDING LEGISLATION

At the present session of the legislature, the legislative committee of the Board has had to be ever watchful of the many bills introduced, which, if passed, would have distinctly lowered the standards of medicine. All of these are attempts by holders of limited healing art licenses: Drugless, Chiropodists and Chiropractors, each group desiring to extend the scope of its practice. Thus the Drugless practitioner would be permitted to do minor surgery, prenatal examinations, repair obstetrical tears. The fact that their curriculum does not offer surgery as a course does not enter the legislative picture. The Chiropodist would advance from the ankle to the knee, and the Chiropractors, adding a few courses to their present curriculum, would wish to be empowered to issue "Chiropractic Physician's and Surgeon's" licenses.

The total number of physicians and surgeons holding licenses in California on May 1, 1945, was 15,168. Of these there are approximately 4,126 in the Armed Forces. Of the remaining 11,042 perhaps 1,900 are not in active practice in this State, so that we have in round numbers, abuot 9,142 Doctors of Medicine in active practice in the State, as of May 1, 1945.

IN CONCLUSION

The members of the Board of Medical Examiners are cognizant of the responsibilities placed upon their shoul-

ders. The State of California has placed the matter of medical standards squarely upon them, and I can assure you that the Board members have made every effort within their power to administer their responsibility in a fair, honest and unbiased manner. They have always striven to maintain the highest standards of medical efficiency, and they have felt in so doing they not only discharge their obligation to the State, but also repay a debt which they owe to those of our fellow physicians who have given up all to go to the defense of our country.

R 536, 1020 N Street.

A CENTRAL MEDICAL REGISTRY: SOME THOUGHTS REGARDING ITS NEED*

JOHN MARTIN ASKEY, M. D.
Los Angeles

THERE exists at present in medicine a regrettable wastage of clinical experience which can be corrected only by some system of voluntary registration. I refer to the failure of the profession to utilize the vast wealth of experience of its members, particularly with respect to unusual phenomena.

There are many puzzling clinical conditions, supposedly unusual, which are puzzling largely because relatively few data are available for study. The detailed statistical, and clinical analysis of large numbers of cases is the only way many conditions can be studied. The raw material necessary for the analysis of many so-called unusual phenomena is available if it is searched for. "Unusual" and "rare" are relative epithets. A phenomenon may be rare in the experience of any one individual; it may be rare in the experience of an institution; it may be rarely described in the literature. Neither the incidence in one individual's experience nor in the experience of a group, nor its frequency in the literature represents the true incidence. Only a knowledge of the numerical occurrence in the totaled clinical experience of the profession can establish the rarity of any phenomenon. The medical literature represents probably the clinical experiences of 1 per cent or less of physicians, the articulate few. The experiences of clinics or of large hospitals, although valuable, still may represent only a small percentage of the potential material represented in the body of medical practitioners. The experiences of these others, the silent 99 per cent, are urgently needed.

WHY A CENTRAL MEDICAL REGISTRY FOR REPORTS OF SPECIAL CASES?

A central medical registry offers the way by which many conditions can be studied, and if it is not established, the literature ten or twenty years from now will continue to designate as rare many phenomena which are rare only because the profession has been indolent in its interest. The challenge and the problem is how to bring this collection about. There has been little encouragement for the isolated observations of the practicing physician. The only outlet for unusual reports, aside from the local medical meetings, is publication in a journal. Too often such a proffered report is returned because it is a single case report and presumably inconclusive. There has grown up in medicine a certain humorous, but not altogether wholesome condescension, for the man with "a case." The folly of this regard is, that it often patronizingly discards the bricks which make the structure of medicine. The man with "a case" possesses a potential solid building stone for increasing knowledge. Medicine is builded upon facts, facts carefully observed, carefully compared, and carefully analyzed. These facts, these building stones, must be collected, screened, and utilized. To do this, there must be a workable mechanism with incentive and interest in the program on the part of the profession and of the individual physician.

A system of voluntary medical registration would be successful because of the natural interest of the attending physician in his particular unusual case. The desire for contribution to medical knowledge exists in every physician and asks only for encouragement and opportunity. If a central medical registry for singular clinical phenomena existed, reports of such experiences undoubtedly would be submitted. Why is there indifference to such clinical wastage? Probably the first reason is simply an unawareness of the magnitude of the clinical returns. Second, a certain institutional clannishness and rivalry is not helpful. Institutions are often reluctant to merge their reports with others. A few cases reported by a single institution or individual may be interestingly presented, but may discourage many other reports. Medicine would be served better if these reports had been added to all the others, and deductions had been drawn from the study of many rather than the study of a few. Many erroneous clinical pronouncements could have been avoided in the past if deductions had been based upon a large, not a small, series of cases. Assertions by authorities can never replace the compilation of facts. The successful mechanism for a program of medical registration must necessarily be evolved, not created. It obviously is dependent upon the continuing interest of the profession as a whole and the encouragement of the individual physician. Perhaps a page in a medical journal might be devoted in each issue to the program. It could keep the physicians continually apprised of the conditions being investigated and encourage reports. Study and preparation of the data could be done by a committee interested in the particular subject. Since the program is concerned with unusual phenomena the collected data would not be prolific. The program should start slowly. The study would be reported as that of the organization with credit and recognition given the contributing physicians and not the editing committee. It is not an impossible nor apparently laborious scheme. Voluntary medical registration can be successful.

A PARTICULAR INSTANCE

This was illustrated a few years ago by a study made by the California Heart Association. An unusual cardiovascular complication reported only once in the literature was found in eight verified instances in the pooled clinical experience of the membership of the association. These can hardly be phenomena peculiar to the State of California, but they would have remained unnoticed without a search. It is certain that a similar search in other states would reveal as many more. The collection of these data would make several hundred case reports available for study where a single instance was on record before. This experience in regard to this one apparently rare clinical phenomenon must apply to many others. The mysterious association of fibroma of the ovary with hydrothorax, or Meigs Syndrome, curable by surgery, is of equal interest to the surgeon and the internist. At present it is reported sporadically, usually in single case reports. There are less than fifty cases in the literature. The etiology is unknown. The syndrome needs further study.

As conditions exist at present, the data will accumulate slowly. We shall probably be confronted each year

* Chairman's Address. Given before the Section on General Medicine, at the Seventy-fourth Annual Session of the California Medical Association, Los Angeles, May 6-7, 1945.

with several reports of two cases each, in which the complete literature and findings of the syndrome are minutely and repetitively reviewed. By this method, the collection of enough cases adequately to study the syndrome may cover a decade or two.

The experience of every doctor in the home and at the bedside will be available to medicine only if and when the profession recognizes this hidden wealth and is willing to go to the trouble of mining it. It is inevitable that in the future a central medical registry will be established. Whether it be fostered first by local, state, or national organizations, such a means for utilizing the vast clinical resources now being thoughtlessly wasted must come. Edith Wharton, in a poem about Vesalius dying on the island of Zante, represents him as saying, "There are two ways of spreading light. To be the candle or the mirror that reflects it. There still remains to spread an answering surface to the flame that others kindle." The medical schools, the research institutions, and the large hospitals may be the candles spreading the light of medicine, but the vast body of practicing physicians is the mirror. If this reflecting surface be neglected, the flame's illuminating power will suffer.

1930 Wilshire Boulevard.

COMMON RECALCITRANT DERMATOSES*

JOHN L. FANNING, M. D.
Sacramento

ONE feels at times, following attendance at meetings and scientific discussions, that too much stress was given to some obscure untreatable polysyllabic name, and not enough discussion on the every day management of refactory, recurring, more common skin disorders.

Chronic recurrent dermatophytosis of hands and fingers, recurrent or unimproved acne vulgaris, lichen planus, and dermatitis of external ear canals are examples of this daily group seen in clinic and office. The first two mentioned will be discussed in more detail.

The most prevalent is, I think, the chronic recurrent dermatitis of fingers and hands. The majority of these patients have made the rounds of practitioners, roentgenologists and dermatologists, who may have applied many and varied forms of local medication, and nearly all have received the limit, or near limit of superficial x-ray therapy, with added ultra-violet therapy.

There is a definite group of these recurrent cyclic type of dermatophytids, some perhaps with a superimposed contact or chemical (over-treatment) dermatitis, but distinctly not as a group, contact affairs, bacterids, or recalcitrant pustular types, described in the literature.

The usual history is the appearance, for several years, especially in summer, of a few scattered vesicles on the fingers, the first attack subsiding quickly. The second attack, a few months later may be more resistant, longer in duration, more eczematoid in nature, with clearing after two or three x-ray treatments. Each subsequent attack becomes more persistent until the skin never completely returns to normal. This group, often exposed to various local occupational irritants, sometimes patch test positive, still show recurrences, even when the irritant is removed.

Most of these patients present clinical signs of a chronic dermatophytosis of toes, feet, or toe nails, some not at the first examination, but usually all on repeated examinations, at some time during the warm summer months.

TRICOPHYTIN EXTRACT

Since 1934 I have been routinely using a stock trichophytin extract as a test and for treatment for certain resistant cases. Despite the poor and adverse reports in the literature,[1] in my hands there seems to be a distinct place for specific trichyphytin desensitization. The initial dose is small, the increase in dosage slow, the interval between doses is a week, later two to four weeks. The injections are continued, even after the injections do not show a positive reaction, after the desensitization seems complete. The local medication used was boric acid ointment or a mild tar ointment. All patients were instructed to avoid soap and water and to wear lined rubber gloves.

I have reviewed some 38 chronic, treatment-resistant cases in office practice, and found: 12 failures; 10 patients slightly improved; and 16 patients clinically cured, except for a minor spring or midsummer exacerbation of five to seven days, which was controlled easily with a single injection, and a bland ointment. Interesting, again was the observation, that except during this minor annual recurrence, all patients could follow their usual occupations, using soaps and other irritants. In this group were two medical men, four barbers, two nurses, four beauty operators, attorneys and housewives. The aggravation of the condition, with its loss of time from office and work, were of marked economic importance to all persons in this group.

The patients called improved were those not followed more than six months; but who were free of the disease at the time last seen. A total of 16 cases have been followed for two to ten years, and have been rechecked at intervals.

The 12 failures were noted in patients who had received much previous x-ray therapy, four showing changes of mild to severe radio dermatitis on fingers and hands. This observation is in agreement with others,[2] that cases previously given x-ray treatment were more slow in response to desensitization.

Here I wish to make the plea that these patients be given little or no x-ray therapy, or at most two or three (5OR) doses carefully spaced, and at the proper clinical time of subsidence of vesicles. This dosage will result in more benefit than many weekly doses; for in this small group, the percentage of minor to major skin changes due to excess x-ray dosage is far too high. Certainly we must be on guard, for these individuals, like psoriatics, soon learn that x-ray treatment controls their exacerbations faster than other forms of therapy, and they are often persistent in their demands for more treatment.

I am not asking for a revival and wholesale injection of trichophytin extract, but do feel that it is a distinct aid in selected chronic, resistant, cases, and that the immunilogic approach is perhaps the most rational.

ACNE VULGARIS

It has been estimated that approximately 80 per cent of acne vulgaris will clear and remain well, following usual standard type treatments, including drying lotions, diet, regulation, and superficial x-ray therapy.

It is the 20 per cent of unhealed or recurrent acne who present the same problems as did the first group described. These patients have also received the limit or near-limit amount of superficial x-ray therapy, vaccines, and other treatment, with indifferent results. Many are depressed or melancholic, self-conscious, stay-at-home persons.

In the past 18 months, I have treated 11 such patients,

* Chairman's Address. Given before the Section on Dermatology and Syphilology, at the Seventy-fourth Annual Session of the California Medical Association, Los Angeles, May 6-7, 1945.

all females, ages 16 to 22. All had previously received three to eight months standard treatment as described above, and all, clinically, were severe acne cases. Two patients showed mild dryness and slight atrophy of skin, suggesting again the limit of x-ray therapy.

VITAMIN A

Three years ago, following the reports of one of our previous chairmen, I began the use of larger doses of vitamin D. My results were poor and indifferent; so I was vitamin shy, until another article by[3] on larger doses of vitamin A revived my interest.

The patients in this group were given 150,000 units of vitamin A daily for three months, together with staphylococcus toxoid (Lederle) in small weekly injections, intradermally. No local medication was given, but in weekly sessions, evacuation of pustules and comedo extractions were done in all patients. Three patients were unimproved in two months, and did not return for further treatment or observation; eight have shown complete recovery in two to six months; two patients have an occasional pustule at menstruation periods. These eight patients have been rechecked after 12 months, and still remain acne free. Two showed marked gain in weight, averaging seven pounds per month. Here, further clinical study is needed and in a much larger series of cases.

I make the plea of discontinuing x-ray therapy, unless marked improvement is seen long before the borderline dosage is approached. Perhaps many patients may not need any form of light therapy, and we may have a means of controlling acne without the hazard of actinic dermatitis.

In final summary, your chairman is desirous of stimulating more clinical reports in our meetings, with reference to management of these and other common dermatoses. This final plea is that decreased amounts of superficial x-ray therapy should be given to the average individual patient. Perhaps, in a few years, other measures may force radiation in the distant background.

1127 Eleventh Street.

REFERENCES

1. Wise and Sulzberger, The Yearbook of Dermatology, 1937.
2. Robinson and Grauer, Arch. Dermat. & Syph., 32:787-794, November, 1935.
3. J. V. Straumfjord, Northwest Med., 42:219-225, August, 1943.

CEREBRAL VASCULAR ACCIDENTS: THEIR EFFECT ON THE STATE OF CONSCIOUSNESS*

CLARENCE W. OLSEN, M. D.
Los Angeles

THE classical types of cerebral vascular accident are hemorrhage, embolism and thrombosis. The consequences are hematoma, infarct and encephalomalacia, lesions which obviously result from escape of blood out of vascular channels or from impairment of blood flow. Inasmuch as gross occlusion or rupture of cerebral vessels are seldom demonstrated in pathologic material, there is an increasing interest in functional vascular changes such as vasospasm and vasoparalysis.

Anyone who keeps himself informed of recent clinicopathologic and experimental observations will know that escape of blood into the brain or cerebrospinal fluid, or elevation of intracranial pressure short of systolic blood pressure do not necessarily cause loss of consciousness. Even the obstruction of a major cerebral artery or the rapid destruction of a sizable segment of brain tissue may cause defects in certain fields of consciousness only, rather than inevitable and total loss of consciousness. It would be interesting to discuss these anomalies in detail, but it is better to use this space in making clear what mechanisms do result in loss of consciousness, and how they operate in cases of cerebral vascular accident.

We are all acquainted with the generalization that embolism is a matter of seconds, hemorrhage of minutes and thrombosis of hours, until the appearance of paralysis and unconsciousness. It soon occurs to anyone who sees many autopsies that the clinicopathologic correlation outlined needs some revision if accurate diagnosis is to be made. The author wishes to indicate the general lines along which revision is now possible, by discussing cerebral vascular accidents from the standpoint of consciousness.

CONSCIOUSNESS

Consciousness is a complex function comprising sensation, perception, association and memory. It may be qualified as clear or clouded, intact or defective. Evidence from cases of trauma, infection, neoplasm and vascular lesions points to the upper midbrain and adjoining thalamus as the center for regulation of consciousness. Because of its location in the tentorial notch this region is vulnerable to displacement and distortion by pressure transmitted from remote as well as adjacent lesions. According to Scheinker[1] venous engorgement with edema and hemorrhage is an important factor in disorganizing the midbrain and consequent fluctuation in consciousness. The proximity of a lesion to the midbrain, and the rapidity of its expansion determine the stage at which consciousness is affected. When an extensive lesion occurs in or immediately adjacent to the midbrain, loss of consciousness occurs early, masking other clinical symptoms. A lesion affecting more remote parts of the brain results in vertigo, nausea, vomiting, headache and paresthesia or paralysis perhaps with loss of consciousness later on.

Focal lesions which do not affect the midbrain cause deficits of consciousness by interfering in greater or lesser degree with sensation, perception, association and memory in particular fields. The patient shows lack of insight into his impaired functional state at first, but in most cases he sooner or later grasps the situation.

In one common clinical type of cerebral vascular accident there is abrupt loss of consciousness which persists from a few minutes to hours or days, clearing gradually with more or less severe residual defect of cerebral function, or terminating fatally with no evident lesion other than one or more poorly circumscribed areas of softening, remote both from vital centers and from the center of consciousness in the midbrain. It has been customary to designate such episodes as expressions of arteriospasm.

Although Raynaud's discovery of local syncope and asphyxia with arteriospasm was extended by Osler to explain cases of transient paresthesia, paralysis and convulsion, the status of spasm as an etiologic factor in cerebral vascular accidents is not clear. Vasospasm is a possible cause of one type of syncope resulting from carotid sinus stimulation. It may have to do with migraine and epilepsy. With hypertension, particularly in toxemia of pregnancy, acute lead poisoning and acute glomerulonephritis transient cerebral crises with convulsion and coma, occur as symptoms of vaso spastic encephalopathy. In these conditions permanent paralysis is rare.

When in cases of advanced arteriosclerosis one ob-

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*Chairman's Address. Given before the Section on Neuropsychiatry, at the Seventy-fourth Annual Session of the California Medical Association, Los Angeles, May 6-7, 1945.

serves sudden loss of consciousness, more or less prolonged coma and more or less extensive residual symptoms, it is more difficult to conceive a spasm, considering the rigidity of the arteries. While Weiss[2] seems to recognize no connection between syncope and apoplexy, such attacks do suggest cerebral anoxia accompanying general syncope and asphyxia, resulting from abrupt vasodepression. Even with a normal vascular tree focal lesions may follow cerebral anoxia in extreme cases. The presence of narrowed, tortuous and irregular arteries predisposes to higher incidence and different distribution of irreversible lesions. There is uncertainty in these cases as to the presence of thrombus or hemorrhage at the onset, but it is known that damage of blood vessels by anoxia can cause capillary thrombosis and diapedesis, causing a picture characteristic of gangrene or infarction without gross evidence of arterial or venous occlusion.

STATE OF CONSCIOUSNESS IN RELATION TO DIAGNOSES

When the effect on the state of consciousness is used as a diagnostic point in cases of cerebral vascular accident, there are four complicating factors which may vitiate the interpretation: sleep, withdrawal, convulsion and concussion. Thrombosis of cerebral vessels frequently occurs during sleep, and the resulting paralysis may be present on waking, or appear after an interval as long as a few hours. The patient's personal reaction to illness may materially affect his responsiveness to tests for consciousness. A convulsion precipitated by an irritant focal lesion may become generalized, with loss of consciousness and subsequent clouded state. A fall incident to the onset of paralysis may result in concussion with more or less prolonged coma.

CONCLUSIONS

1. The escape of blood into the brain or cerebrospinal fluid, and increased intracranial pressure incidental to cerebral vascular lesions do not necessarily cause loss of consciousness.

2. One proved cause of unconsciousness is distortion, edema or hemorrhage in the midbrain affecting the center of consciousness.

3. Focal lesions of the brain cause defects in various fields of consciousness but do not result in stupor or coma unless the midbrain is affected by direct extension or transmitted pressure.

4. Another known cause of unconsciousness is cerebral anoxia due to arrest of cerebral circulation, the result of vasospasm or vasodepression.

5. Cerebral anoxia causes unconsciousness within a few seconds. This syncope may be recoverable or irreversible, with or without focal residuals.

6. The diagnostic value of loss of consciousness with cerebral vascular accidents is vitiated when sleep, withdrawal, convulsion or concussion enter into the picture.

1136 West Sixth Street.

REFERENCES

1. Scheinker, Mark I.: Transtentorial Herniation of the Brain Stem, Arch. Neurol. & Psychiat., 53:289-293 (April), 1945.

2. Weiss, Soma, and Baker, J. P.: The Carotid Sinus in Health and Disease, Its Rôle in the Causation of Fainting and Convulsions, Medicine, 12:297-354 (Sept.), 1933.

TUBERCULOSTATIC SERUMS—ADDITIONAL REFERENCES

(Continued from Page 310)

3. Smith, M. I.; Emmart, E. W., and Westfall, B. B., J. Pharm. and Exp. Ther., 74:163, 1942; Feldman, W. H.; Hinshaw, H. C., and Moses, H. E., Amer. Rev. Tuberculosis, 45:303, 1942.

4. Emmart, E. W., and Seibert, F. B., J. Immunol., 50:143 (Mar.) 1945.

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lister, Mill Valley; Middough, Long Beach; Niehouse, San Diego; Price, Upland; Robertson, Santa Barbara; Stephenson, Elk Grove; Stewart, Pasadena; Stream, Chula Vista; Thompson, San Jose; Thorp, Lockeford; Waters, Los Angeles; Watson, Orange; Weber, Stockton; and Werdel, Bakersfield.

Absent: Denny, Etna; Sawallisch, Richmond; Thomas, San Pedro.

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REPORT OF ACTION ON OTHER LEGISLATION OF INTEREST TO DATE FOLLOWS:

CHIROPRACTIC

Assembly Bill 111—Authorizing Chiropractors to do premarital examinations—resting in committee.

Assembly Bill 236—Making chiropractors physicians and surgeons—killed on the floor of the Assembly.

Assembly Bill 1519—Qualifying chiropractors as "physicians" under the Labor Code relating to workmen's compensation. Passed Assembly. Amended in Senate to provide that chiropractor does not have any right or is not entitled to represent, advertise or hold himself out as a physician. Passed Senate, signed by Governor.

Assembly Bill 1610—Permitting Chiropractic Board to issue a directory—passed the Assembly and the Senate.

CHIROPODY

Assembly Bill 1089, Assembly Bill 1546, Assembly Bill 1929—Requiring one member of Board of Medical Examiners must be a chiropodist—killed in committee.

Assembly Bill 1928—Requiring one member of State Board of Public Health must be a chiropodist—passed Assembly, died in Senate Committee.

Senate Bill 1047—Creating California Chiropody Society—killed in committee.

COUNTY HOSPITALS

Assembly Bill 1111, Senate Bill 218—Opening County Hospitals to pay patients—died in committee.

DENTISTRY

Assembly Bill 1598—Establishing Division of Dental Health in the Department of Public Health—approved by Assembly Committee on Public Health—now in Ways and Means Committee.

DRUGLESS PRACTITIONERS

Assembly Bill 1240, Senate Bill 1004—Changing term "drugless practitioners" to "drugless physicians"—both bills killed in committee.

HERBALISTS

Assembly Bill 1678—Placing herb practitioners under Board of Medical Examiners—killed in committee.

HOSPITALS

Assembly Bill 502—Carrying out provisions in Proposition No. 4 on November ballot—passed Legislature and signed by the Governor.

Assembly Bill 600—An act to accept benefits under Federal Hospital Construction Act—now before Ways and Means Committee in Assembly.

Assembly Bill 601—Licensing, inspecting, regulating and supervising public and private hospitals—passed Assembly and approved by Senate Committee.

Senate Bill 295—Authorizing county hospitals to join hospital associations—passed by the Legislature and signed by the Governor.

Senate Bill 586—Permitting establishment of hospital districts—passed Senate.

INDUSTRIAL ACCIDENT

Assembly Bill 1702—Authorizing Commission to adopt fee schedule—still in Senate Committee on Finance and Insurance.

(Concluded on Page 365)

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

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† For complete roster of officers, see advertising pages 2, 4, and 6.

OFFICIAL NOTICES

HOUSE OF DELEGATES: CALIFORNIA MEDICAL ASSOCIATION

Minutes of the Forty-second (42nd) Annual Session of the House of Delegates of the California Medical Association*

First Meeting, Sunday Noon, May 6, 1945, in the Elks Temple and Auditorium of the Los Angeles County Medical Association Building

SPEAKER ASKEY: The House will be in order. The delegates of the California Medical Association here assembled in the Elks Temple, are called for the convening of the 42nd annual session of the House of Delegates. Is the Chairman of the Credentials Committee, Dr. Foster, ready to report as to whether a quorum is present?

DR. FOSTER: I have in my hands registration cards for 72 regularly elected delegates to the California Medical Association. I move you that these be constituted as delegates to the convention.

SPEAKER ASKEY: You have heard the report of the Chairman of the Credentials Committee that 72 members of the House are in attendance, which constitutes a majority. The Chair rules that this report of this Committee be accepted as the roll call.

SPEAKER ASKEY: Is there discussion? If not, all in favor of this ruling, say aye, opposed no. The motion was unanimously carried.

The House is now duly in session.

At this time the Speaker will declare a recess for the purpose of taking care of necessary secretarial duties and preparing of agenda. The end of the recess to be called at 2:00 o'clock, and the convening of the House out of recess shall be at the Los Angeles County Medical Association Building, at 1925 Wilshire Boulevard.

Recess

The recessed meeting of the House of Delegates came to order at 2:15 P.M., Sunday, May 6, 1945, in the Auditorium of the Los Angeles County Medical Association headquarters building, Speaker, E. Vincent Askey, presiding.

SPEAKER ASKEY: The House will be in order, please. We have a lot of business to transact and we must get at it. This is the recessed meeting of the House of Delegates which was convened this morning at the Elks Temple.

I am going to call on the Chairman of the Credentials Committee, Dr. Paul D. Foster, to report if there is a quorum present. Dr. Foster!

DR. PAUL D. FOSTER (Chairman, Credentials Committee): We have present 103 qualified delegates to the House of the California Medical Association.

SPEAKER ASKEY: You have heard the report of the Credentials Committee that there is a quorum present. The House will be in order.

* Reports referred to in minutes are on file in the headquarters office of the Association. Minutes as here printed have been abstracted.

At this session it is not necessary to have the Roll Call, if someone will move that the Report of the Credentials Committee shall constitute the Roll Call.

. . . It was moved, seconded and carried that the Report of the Credentials Committee would constitute the Roll Call at this session. . . .

SPEAKER ASKEY: Motion is carried. This recessed session is now in session.

Reference Committees

The first item of business is the appointment by your Speaker of various committees, which are designated by our By-Laws.

The *Credentials Committee* consists of the following members:

Paul D. Foster, Chairman
B. R. Simpson
Jesse L. Carr

Reference Committee No. 1 which has to do with Reports of Officers and Standing Committees is as follows:

Paul A. Quaintance, Chairman
C. Glenn Curtis
Roger W. Barnes

Reference Committee No. 2 which takes care of the Report of the Council and the Reports of the Secretary-Treasurer and Executive Secretary is as follows:

A. E. Moore, Chairman
J. Frank Doughty
William Benbow Thompson

Reference Committee No. 3. This Committee has charge of the Resolutions, Amendments to the Constitution and By-Laws and New and Miscellaneous Business:

L. R. Chandler, Chairman
H. J. Templeton
Samuel Ayres, Jr.

I wish to call your attention to the fact that the Chair has the prerogative by the Constitution to assign any business before this House to the Committee that he thinks most appropriate, unless there is objection from the House. That procedure will be followed. It is usually the custom to assign only those things which are so stated in the By-Laws, but there is the right to designate to either committee, so if you will remember that, if I give something to some committee you don't like, you may object.

At this time I want to present to you your President, Dr. Lowell S. Goin, who will give his Presidential Address in addition to the one he gave this morning. Dr. Goin! (Rising applause.)

Address of President Goin

Mr. Speaker, Members of the House of Delegates: The matters before this House are so pressing and the time is so short that I would not have the courage to burden you with another address. I would like to say only two things to you. One, taking advantage of a well-established precedent, I should like to use this rostrum for the moment for a sort of sounding board from which to address the leaders of Labor and the Law Makers of the State of California, and I should like to point out to them that the insincerity of their purpose in improving the public health is clearly shown by their current proposal to include chiropractors in health care to the public under the proposed compulsory health bill. No person can argue sincerely that the chiropractor has anything whatever to contribute to public health and care of our people when ill. This addition to the bill is obviously a political maneuver to assure double strength and this will just confirm a point I made this morning, that their motive is not improving the health of the people but it is a political maneuver looking toward a socialized dictatorship

If the Governor and the Legislature of this State sincerely wish to improve the health of the people there are many ways they could do it without enacting the compulsory health bill. They could, for example, edit radio advertising on patent medicine, vitamins and so forth. They could cease licensing cultists. They could put on an educational program to persuade people that there are no secrets in human knowledge; that all knowledge is public and that everything known by the profession can be looked up by anyone who has the background necessary to understand it, and that cults and secret methods are simply silly.

The second thing I would like to say to you is that we are faced today with a very grave situation. We do not know whether compulsory health insurance will be enacted or not. We do not know whether, if it is is defeated, it may not come to the attention of the electorate on the ballot at the general election. If there is an initiative or a referendum, we do not know whether or not it can be defeated. Certainly we mean to try.

If there is one thing that is needed for our success in this campaign it is a united medical profession. I wish to beg this House of Delegates to take no action today or tomorrow which would in the slightest degree impair that unity and which would give the enemies of medicine the slightest opportunity to point to a divided profession which cannot even make up its own mind on these vital questions. Let us bear in mind in all of our relations the urgent necessity for unity, for a common front, and for a united profession standing firmly for what the profession believes to be right. Thank you.

SPEAKER ASKEY: At this time your speaker wishes to make a couple of announcements and see if we can clarify things a little bit.

In the first place, Dr. Peers, who is a Trustee of the American Medical Association, wants me to call your attention to the fact that the meeting of the House of Delegates of the American Medical Association has not yet been decided upon due to transportation difficulties. He has a telegram here from Dr. West which says:

"Filed application for permission of the meeting of the House about two weeks ago. Have not yet received any word from the Office of Defense Transportation. Asked for July 23 to 25 but those dates are not available. May be given permission for meeting at a later time. Will advise promptly when permission is received."

Therefore, so far as the American Medical Association House of Delegates' meeting is concerned, the time of meeting for this year is not set.

There is one thing your Speaker wishes to explain. Due to difficulties in transportation many of the members of our House of Delegates have found it difficult to be present at this meeting. With a view to considering that, some suggestions were made some time ago that the voting procedure of this House should be along the method of some ratio of votes of different sections of the State as regards the actual voting, so that an equitable representation from each part of the State could be had, irrespective of the difficulties in transportation. You received some letters in regard to that and then you received a subsequent letter telling you that any delegate who came would be seated. That was for the following reason. Under our Constitution and By-Laws there is no method by which the Constitution of the House of Delegates can be changed except by constitutional amendment, which would take a year, laying over for discussion in the meantime. Therefore, any delegate duly elected who presents himself to this meeting must be seated. He is entitled to his vote. However, since there has been so much discussion, it has been deemed wise that an equitable and a right decision as to the method

of voting in this House should be arrived at. The Constitution says that every man shall be allowed his vote, but he isn't required to vote; in other words, if you don't want to vote, you don't have to.

Therefore, I am going to appoint a committee to think over that, and to present ways and means deemed desirable to this House tomorrow. In view of the fact that the session today is given over, as you know, to the introduction of resolutions and very few actions can be taken, if any, today, it will give you 24 hours to think over this problem. I am going to appoint the following special committee consisting of Dr. Frederick C. Bost, Dr. Louis J. Regan and Dr. George W. Walker of Fresno. If this committee will get together this afternoon and evening and present to this House some equitable plan for their consideration, we will take it up at tomorrow's session.

* * *

Reports of Officers

At this time we will have the *Report of the Council.* Dr. Philip K. Gilman.

DR. PHILIP K. GILMAN: Mr. Speaker, may I ask the privilege of having this report postponed for a few minutes in order that additional matters which were considered at the meeting of the Council yesterday afternoon may be put in proper form for presentation?

SPEAKER ASKEY: If there is no objection from the House, it will be granted.

The next will be the *Report of the Trustees of the California Medical Association,* Lowell S. Goin, President.

DR. LOWELL S. GOIN: There is nothing additional to report.

SPEAKER ASKEY: There being nothing additional to be presented the Report of the Trustees will be presented to Committee No. 1.

(NOTE.—All reports were referred by Speaker to one of the three Reference Committees, according to their nature.)

The report of the *Auditing Committee,* Dr. John W. Cline, Chairman. Do you have anything additional?

DR. JOHN W. CLINE: No additional report.

SPEAKER ASKEY: Next is the *Report of the Secretary-Treasurer.* Do you have anything additional, Dr. Kress?

SECRETARY GEORGE H. KRESS: No additional report.

SPEAKER ASKEY: There being no additional report, as these have all been published in the Annual Reports Bulletin, the Report of the Secretary-Treasurer will be referred to Reference Committee No. 2. I wish to call your attention to the fact that if there are no additions to these reports, the ones standing in here will be the ones which will be referred to the committees.

Report of the Executive Secretary. Is there anything additional, Mr. Hunton?

MR. JOHN HUNTON: I have an additional report.

* * *

ADDENDUM TO REPORT OF EXECUTIVE SECRETARY

Mr. Speaker and Members of the House of Delegates: Two items on which your Executive Secretary has been working during the past year were intentionally omitted from the report published in CALIFORNIA AND WESTERN MEDICINE in order that the latest available information on them might be placed before this House. These items are industrial fees and malpractice insurance.

As your Legal Counsel has already reported, the Executive Secretary was named as one member of a ten-man study committee appointed by the *Industrial Accident Commission* for the purpose of arriving at a fair and equitable schedule of medical and surgical fees for compensation cases. This committe has held three meetings to date and will probably hold additional meetings in the future. As a member of the committee I wish to report that in my opinion the insurance men who comprise the main body of the committee are not in any way interested in arriving at a fair, equitable and complete schedule of fees, but are concerned primarily with a delaying action designed to maintain the present insurance company system of buying medical and surgical services in a competitive market, no matter what ill effects that type of buying might have on the medical profession. Since the committee was originally named, additional members representing the osteopathic profession and the American Federation of Labor have been added to the group. It is possible that these additional members—both of whom are supporting the efforts of the California Medical Association to secure more adequate fees for compensation practice—may result in exerting a beneficial influence on the committee. However, it is my opinion at this time that the net results of this committee will be negligible. With your approval, I will continue as a member of this committee and will do everything possible to try to effect some progress toward fair and equitable fees for this type of practice.

In the matter of *malpractice insurance premiums,* your Executive Secretary was instructed last year to survey the methods in use in other states in securing proper malpractice insurance for association members at fair premium levels. This survey was started last fall and replies from thirty state medical associations have been received. Some of these are not complete enough to furnish the desired information but most of them will be useful in determining the experience of other states.

Unfortunately, several months' time was required before a sufficient number of replies had been received to furnish a working basis for our survey, and by the time these replies had come in the central office found itself in the middle of the compulsory health insurance legislative battle. All other work, including the malpracitce insurance survey, was dropped in favor of this legislative work, and so the insurance survey has not been completed.

It is possible to report that there are some extremely interesting possibilities shown in some of the state medical association replies, particularly in the field of group coverage with coöperation between the insurance carrier and the medical association in the matter of defense of suits or threatened suits. The state medical association in Washington, to cite one specific example, has developed a program which shows great possibilities.

This survey will be completed at the earliest possible date and a report made to the Council and the House of Delegates at that time.

SPEAKER ASKEY: The Report of the Executive Secretary with the addition will be referred to Reference Committee No. 2.

The next is the *Report of the Editor.* Is there an addition, Dr. Kress?

SECRETARY KRESS: No additional report.

SPEAKER ASKEY: Next are the *Reports of the District Councilors and Councilors-at-Large.* Are there any additions to the published reports of the Councilors? If any Councilor has an addition, he is privileged at this time to make it. Hearing no additions to any of the reports, the Reports of the District Councilors and the Councilors-at-Large will be referred to Reference Committee No. 1.

The next is the *Report of the General Counsel,* Hartley F. Peartt. Mr. Peart!

* * *

REPORT OF THE GENERAL COUNSEL

MR. HARTLEY F. PEART: Mr. Speaker and Members of the House of Delegates—I will supplement very briefly my report published in the *Pre-Convention Bulletin.* Since dictating that report we were advised that the

State Board of Equalization had amended one of its rules seeking to impose a *sales tax on x-ray film* used by radiologists in making diagnoses. At the direction of the Executive Committee, we have taken up this matter with counsel for the Board, taking the position that under the standard practice of radiologists these really form part of their records and are never sold as personal property. Agents of the Board have in some localities furnished application blanks to physicians requesting they take out retail licenses and that matter is now in a lively state of flux at the present moment. We have just rendered a rather comprehensive opinion to the Association on the subject.

Regarding the *Industrial Accident Commission Fee Schedule,* which was dealt with in our report, we would like to say further that a hearing has been fixed on Assembly Bill 1702, introduced by Assemblyman King, at which time Dr. MacDonald and I are scheduled to appear before the Assembly Committee on Insurance. The bill presented only a few of the matters which the Council felt should be suggested for legislative action but the turmoil aroused by the compulsory health proposals restricted our suggestions.

In the case of the *California Physicians' Service,* again the Insurance Commissioner, which is dealt with in the report, has brought up this matter. This was decided, as you may recall, by Superoir Judge C. Julian Goodell of San Francisco, in the first instance, holding that C P.S. was not engaged in the corporate practice of medicine and was rendering medical service and not doing an insurance business. This decision was upheld by the District Court of Appeal. Since the publishing of our report, the Supreme Court, on the application of the Attorney General, has granted a hearing.

We briefly mentioned *compulsory health insurance,* as stated in the report, and in mentioning it my mind goes back to the fight in 1918, some 27 years ago. At that time I had the honor of representing you. A united profession then, after a vigorous campaign, defeated this proposal by a two to one vote in every county of the State.

The next big legislative onslaught on scientific medicine occurred in 1922 when the initiative, one by the osteopaths and one by the chiropractors, came up at the general election in that year. In the interest of public health and professional standards, the profession was strongly opposed to both of these measures but it was divided as to the conduct of the campaign; in fact, it was thoroughly disunited on this vital matter. The result was a defeat which has had a bad effect on public health and has caused embarrassment in legislative matters ever since.

The last example was an effort to enact the Basic Science Act. Because of these two, the initiative and the Basic Science proposal, it had to be in the form of an initiative and not an act of the Legislature.

In the present crisis, where the issue again is an acute one, compulsory state medicine, the courage, determination and united action of the profession makes us, if you will permit me to say it, proud, indeed, to represent you.

SPEAKER ASKEY: The additional report of the General Counsel, Mr. Peart, will be referred, in addition to the published report, to Reference Committee No. 1.

We will now return to the Report of the Council, Dr. Philip K. Gilman, Chairman.

* * *

ADDITIONAL REPORT OF THE COUNCIL

DR. PHILIP K. GILMAN, Chairman: Mr. Speaker and Members of the House of Delegates—

Resolution Re: The American Cancer Society

WHEREAS, The American Cancer Society has requested the "approval and assistance" of the C.M.A. and its aid in having component county societies establish "Prevention Clinics," the C.M.A. makes the following statement:

The California Medical Association is aware of the constant increase in the ravages of cancer, and is deeply concerned with the prevention and cure of this disease. The Association heartily endorses all serious attempts directed toward early diagnosis and adequate treatment and directs attention to the following considerations:

1. Early and accurate diagnosis of cancer is essential if the disease is to be controlled.
2. Such diagnosis may require quite extensive facilities including microscopy and x-ray studies.
3. Tumor clinics sponsored by the American College of Surgeons are in existence all over California and these clinics have easy access to the special services required.
4. The C.M.A. urges any person who suspects that he may be suffering from cancer to seek out his private physician or such tumor clinics and to present himself for examination.
5. These tumor clinics make no charge for services and the members are not paid. The only cost to the patient is a small fee (usually about fifty cents) to cover stenographic and record expense.

In view of the foregoing, it is the opinion of the California Medical Association that the establishment of so-called cancer prevention clinics is unnecessary; and, it is therefore

Resolved, That the California Medical Association therefore declines to endorse them.

* * *

Resolution Re: Prepayment Medicial Service Plans

Supplemental Report

WHEREAS, California Physicians' Service has always been and is now earnestly attempting to provide prepaid medical care for the largest possible number of people; and

WHEREAS, It is of the greatest importance that the generous and whole-hearted support heretofore afforded California Physicians' Service of California continue; now, therefore, be it

Resolved, That the Council of the California Medical Association urges the House of Delegates to endorse California Physicians' Service; and, be it

Further Resolved, That the Council of the California Medical Association advises and urges this House of Delegates to make no change in the present form of California Physicians' Service.

SPEAKER ASKEY: The first resolution which was presented by Dr. Gilman from the Council will be referred, with his written report, to Reference Committee No. 2.

The last resolution, having to do with C.P.S., will be referred to Reference Committee No. 3.

The Report of the Council, as a whole, will be referred to Reference Committee No. 2.

Reports of Committees

We come now to the *Reports of the Standing and Special Committees.* You have before you the names of the Committees, and, as I call them, if the Chairman has any addition to make to the published report, if he will call it to the attention of the Chair, I will give him the floor; otherwise, it will be considered that he has no further report to add.

A. Standing Committees:

Executive Committee—John W. Cline.
Committee on Associated Societies and Technical Groups—John V. Barrow.
Committee on Audits—John W. Cline.
Committee on Health and Public Instruction—J. C. Geiger.
Committee on History and Obituaries—Morton R. Gibbons, Sr.
Committee on Hopitals, Dispensaries and Clinics—Roy E. Thomas.
Committee on Industrial Practice—Donald Cass.
Committee on Medical Defense—Nelson J. Howard.
Committee on Medical Economics—Glenn F. Cushman.
Committee on Medical Education and Medical Institutions—B. O. Raulston.
Committee on Organization and Membership—J. F. Doughty.
Committee on Postgraduate Activities—F. E. Clough.
Committee on Publications—George W. Walker.
Committee on Public Policy and Legislation—Dwight H. Murray.
Committee on Scientific Work—George H. Kress.
Cancer Commission—Harold Brunn.

If there are no additions, these reports, as published,

will be referred to Reference Committee No. 1.

DR. F. E. CLOUGH: We are very anxious that post-graduate activities be tied up with post-graduate activities for veterans and all things of that nature. I would merely like to say that during the past year we used up practically all our red points in getting nowhere and there was not even enough red points left to put on a state-wide program.

SPEAKER ASKEY: Your attention is called to the remarks made by the Chairman, Dr. Clough.

We come now to the Special Committees:

B. Special Committees:

Committee on Physicians' Benevolence—Axcel E. Anderson.
Committee on Industrial Fee Table—Hartley F. Peart, Esq.
Committee on Maternity-Pediatric Plan of Federal Children's Bureau—Karl L. Schaupp.
Committee on Participation of the Medical Profession in the War Effort; Procurement and Assignment Service—Harold A. Fletcher.
Special Liaison Committee on Medical and Hospital Plans in California—John W. Cline.
Advisory Committee to the California Bureau of Vocational Rehabilitation—John W. Cline.
Liaison Representative to California Veterans' Committee—Frank A. MacDonald.
Committee on Postwar Plans of Medical Service and Social Security—Dewey R. Powell.
Proposed Changes in the Industrial Accident Commission Fee Schedule—Nelson J. Howard.
Liaison Group to A.M.A. Council on Medical Service and Public Relations—Dwight H. Murray.

Are there any additions by the Special Committee Chairmen? If not, they will be referred to Reference Committee No. 1.

At this time we are going to interrupt the published agenda of this meeting and introduce to you a man who is to speak to us on a subject which is of great importance to the California Medical Association.

I wish to introduce to you Mr. Clem Whitaker, who has been directing the publicity and the fight against compulsory health bills. Mr. Clem Whitaker.

REPORT TO THE HOUSE OF DELEGATES

MR. CLEM WHITAKER: Mr. Speaker and Members of the House of Delegates—Political prophecy is always dangerous, but I believe it is safe to predict that no compulsory health insurance legislation will be enacted at the present session of the Legislature. That forecast, however, is predicated on the assumption that a continuing, aggressive campaign against compulsory health insurance will be conducted until the final gavel falls and the Legislature adjourns.

The fight has just broken out again in Sacramento, as you know, and the proponents of State medicine are reported to have put aside their differences and joined forces in an attempt to get the Assembly to reverse itself and adopt a bill.

The forces against us are formidable and powerful, for they include not only Governor Warren, with all the prestige and influence which the Governor's Office commands, but also the C.I.O., the State Federation of Labor, the Parent-Teacher Association, the League of Woman Voters, and several metropolitan newspapers which are militantly crusading on this issue.

Earlier in the session, both the Warren and C.I.O. bills were refused approval by the Assembly Public Health Committee and were then rejected by the Assembly itself on a motion to withdraw the bills from Committee.

That is an eloquent tribute to the effective work of the medical profession, and the able and aggressive leadership of the officers and staff of your Association in getting the facts before the Legislature and the public and in alerting the people to the danger of a politically-controlled medical system.

The Assembly vote, especially on the Warren bill, was exceedingly close, however; 39 "No" to 38 "Yes," and we are deeply indebted to the many lodges, civic and veterans' organizations, business and farm groups, and a large section of the press for the support which made victory possible.

We all have our work cut out for us to hold the lines during the remainder of the Legislative Session but I believe further attempts to pass a bill can be defeated, despite the tremendous pressure which is being brought to bear on the Legislature by the Warren-C.I.O.-A.F.L. coalition.

The end of the Legislative Session, however, will not end the agitation for State medicine in California.

The medical profession will have won a reprieve, rather than vindication.

The members of your House of Delegates, I am sure, are fully cognizant of the situation.

It would be risking eventual disaster to let the present confused state of public opinion continue, or to ignore the problem except when the issue is forced by the foes of private medicine.

AN AFFIRMATIVE CAMPAIGN

Irrespective of what action the proponents of compulsory health insurance may take this year or next, the issue must be faced and there must be a clear-cut decision which will silence the critics of the medical profession and put an end to the constant agitation for State medicine.

That will require more than just defensive action on the part of the California Medical Association.

It will require affirmative action to make prepaid medical and hospital service available to all the people on a voluntary basis, so that the problem will resolve itself, and so that the proponents of government medicine will be stripped of all effective argument for their program of compulsion.

That is an ambitious program but it is not an impractical or impossible program. It can be done and must be done, if the medical profession is to escape ultimate regimentation. In a later section of this report we will discuss how it should be done.

Before attempting to oultine a plan for future action, I believe a frank appraisal of both the probable and possible political contingencies which lie ahead is in order.

First, it is probable that the Legislature will adopt a resolution, providing for an interim legislative committee to investigate the whole problem of compulsory health insurance and voluntary systems, with instructions to report back to the 1947 session.

Second, it is possible that the Legislature will refer the question to the people by submitting a Constitutional Amendment to the voters similar to the amendment which appeared on the 1918 ballot.

Third, it is probable that the C.I.O., with the support of Governor Warren and other interested parties, will qualify an initiative compulsory health insurance act for submission to the voters, either at a special election this year or at the November General Election in 1946.

By the time the Legislature adjourns, probably about the middle of June, you will have definite information on the first two contingencies, involving the proposed legislative interim committee and the possibility of a Constitutional Amendment. But we cannot know definitely whether the threatened C.I.O. initiative will materialize until the petitions for such an act are circulated and qualified.

THE BEST DEFENSE—AN OFFENSE

In any event, the same rule applies in politics that applies in the prize ring. You must be prepared to defend yourself at all times and the best possible defense is still an offense.

Your affirmative campaign should be a campaign to end compulsory health insurance campaigns in California for all time.

It can and should become a crusade which will echo throughout the United States and which will have great impact on Congress, as well as our own State Legislature.

California has been the testing ground for a great many visionary schemes and phony movements, but it has also become the burial ground for most of them.

The voters in this State, after they have heard the issue debated, can usually be depended upon to vote wisely and there need be no hesitancy on your part in facing a showdown fight on this issue.

That is the quickest and surest way to dispose of it, so that you can go back to the practice of medicine and leave the practice of politics to the politicians.

If an effective, intelligent campaign is conducted, compulsory health insurance will be consigned to the same fate as the EPIC movement, the Single Tax and the Ham and Eggs pension scheme. But that result can be achieved only by a well-organized, well-financed, all-out campaign, with every doctor on the firing line, and with every facility and resource of allied interests mobilized and utilized to the fullest.

A Three-Way Campaign

We must necessarily provide alternate plans to cope with several possible contingencies as there are still many unknown factors in the situation.

It is the recommendation of your public relations counsel that the California Medical Association authorize and prepare a three-way campaign, extending over a period of approximately two years. . . .

Conclusion

In conclusion, let me say that there has been enough ground work done already in the public phases of our legislative campaign, both in individual contact work and in presenting the issue to civic and business organizations, to determine a great deal concerning public relation on this question.

A State-wide survey of public opinion, involving 3,000 personal interviews, has been completed under the direction of a responsible survey organization.

This survey has produced data of considerable value in convincing the Legislature that the public is unready to accept the type of medical care which would be provided under a system of compulsory health insurance, even should a system be placed in operation. Of the 3,000 people interviewed, 73.7 per cent said if they were compelled to join a State-operated hospital and medical service they would still go to their own private doctor in case of illness. Only 26.1 per cent expressed a willingness to go to the State plan doctor.

It became immediately apparent, as the survey returns came in, that the great majority of the people in California don't want State medicine for themselves, mainly because they fear the poor quality of service they would get under it. This fear of incompetent doctors, inferior service and assembly-line medical methods undoubtedly represents the Number 1 argument against compulsory health insurance with rank and file voters.

With business and civic organizations, however, the most important argument against compulsory health insurance is the tremendous cost involved, plus the feeling that State medicine is simply another form of public ownership, and that other professions and businesses will be taken over by the State if the medical profession is regimented.

You will be happy to know that nearly 200 newspapers in California already have published editorials against compulsory health insurance.

Several hundred civic groups, business, farm, fraternal, veterans' organizations and improvement clubs and religious and political groups, already have taken formal action condemning the compulsory health bills before the Legislature and these organizations will be ready to pitch in and help in a ballot campaign.

Perhaps the most effective support we have won during the legislative campaign has been that of the American Legion and the Veterans of Foreign Wars. Their action in demanding that such legislation be postponed until California's 800,000 service men and women are home and able to participate in the discussion rang the bell with both the Legislature and the public at large.

Let me say this to you emphatically, as my final recommendation:

Regardless of what else you do, make common cause with business and agriculture and the veterans and every other interested group in this campaign. Make it a crusade for private enterprise and out of it will come a new Declaration of Independence in California—a resolute declaration against attempts of government to regiment the people.

But to put an end to attempted government encroachment on your profession, you have to prove to the people that the medical profession can do voluntarily what the State says can be done only by compulsion.

I believe you can do it and if you wish our organization to assist you, we will be happy to do so.

Thank you.

Speaker Askey: I think you will agree with me that Mr. Whitaker has laid before you the plan, which, if we will follow it, may be the turning point in the practice of medicine for us or for at least a continuation of what we think is good in the practice of medicine.

Recess for First C.P.S. Meeting

At this time we will go into *Recess* for the meeting of the *Administrative Members of the California Physicians' Service*. We hit it pretty close. You see, it is only three minutes after three and it was to have been at three o'clock.

Unless there is objection then, the Speaker will declare a recess of the House of Delegates of the California Medical Association to come together again and convene after the meeting of the Administrative Members of C.P.S. I hereby declare the House of Delegates in recess.

I will introduce to you Dr. Glenn Myers, Vice-President of the California Physicians' Service. Dr. Myers! . . . The House of Delegates recessed and the convening of the members of the C.M.A. House of Delegates, acting as Administrative Members of the California Physicians' Service followed immediately, Dr. Glenn Myers presiding. . . .

(Note.—The minutes of the meeting of the Administrative members are on file in the central office of California Physicians' Service, 153 Kearny St., San Francisco.)

Post-Recess Meeting of the House of Delegates

The House of Delegates re-convened at 3:30 p.m.

Speaker Askey: The House of Delegates of the California Medical Association will not convene out of recess and the House is hereby declared open for business.

At this time we will take up Unfinished Business. The Unfinished Business which is lying on the table is that of Amendments to the Constitution. I wish to call the attention of the House, to refresh your mind, to the procedure in making Amendments to the Constitution and By-Laws of this Association. At any meeting of the House of Delegates regularly called, Amendments to the Constitution and By-Laws may be presented. It is

required that they lie on the table for one year. At the end of that time they shall be voted upon by this House of Delegates. Any Amendment to the Constitution or By-Laws must be voted upon as it was printed and presented without change. In other words, no amendments to the question are allowed. However, for the information of the House, it is customary that the Constitution and By-Law Amendments which have lain on the table be referred to one of our Reference Committees for their advice and interpretation in regard to whether or not they should pass in the opinion of the Committee, and then the vote will be taken. These Amendments which have been presented and laid on the table and which you have seen printed on page 18 of your program will be referred to Reference Committee No. 3. In view of the fact that they have to do with the Council, Reference Committee No. 3 will consider the amendments to the Constitution and By-Laws which have lain on the table for one year.

The Secretary of the House, Dr. Kress, will announce the time and place of the various Committee meetings as soon as the chairmen of the different committees get together and decide upon the time and place

NEW BUSINESS AND RESOLUTIONS

The House is now open for New Business and Resolutions.

Dr. Griggs!

DR. JOSEPH F. GRIGGS (Los Angeles): Thanks to our officers and staff, the public in California is well aware of our laudable opposition to the principles of compulsion but other principles are not well known. We have never taken time in this body to formulate a definite statement of the essential conditions under which we are willing or not willing to serve the people of the State of California.

As a general practitioner in the rank and file, I offer this resolution in the hope that it will afford some impetus in this direction:

Resolution No. I.—Concerning Principles Involved in Medical Practice

For action taken on this resolution, see page 337.

WHEREAS, The adoption of any plan of widespread health or sickness insurance involves great changes in the entire way of life in the practice of Medicine and Surgery; and

WHEREAS, Great changes are sure to involve the sacrifice of some values and conveniences; and

WHEREAS, Conveniences and non-essential values can and should be given up whenever necessary to obtain greater values for society as a whole; and

WHEREAS, It is necessary, nevertheless, to discover, declare and preserve all essential values of the previous or present way of life, with all vigilance and determination in order to prevent sabotage of the new values which the proposed changes are intended to provide; now, therefore, be it

Resolved, That this House of Delegates holds the following conditions to be values of first order consideration, essential to the success of any plan for the ultimate security of society as a whole:

1. The personal-confidential relationship between patient and doctor.
2. Free choice of physician by the patient.
3. The right of the physician to refuse or discontinue service of certain kinds of cases or individual patients and to seek consultation according to the traditional ethical standards of the medical profession.
4. Unhampered medical control of all professional matters.
5. The prevention of any third party, including the State, from receiving unearned increment of profits from the existence or duration of the patient's illness and its treatment.
6. The protection of the physician from an unreasonable amount of paper work, making out reports and certificates in triplicate to various administrative officers, boards, funds and commissions. The doctor's time and effort must be available directly to the sick.
7. The separation of medical benefits from disability cash benefits. Any indemnification for time lost due to illness must be separate, both in origin and in administration, from medical benefits and services.
8. The provision of community care of the indigent and of mental and tubercular diseases.
9. The maintenance of facilities for medical education and research and for the advancement of preventive medicine and public health.

SPEAKER ASKEY: This resolution will be referred to Reference Committee No. 3.

May I call your attention to the fact that your resolutions should be submitted in triplicate and if you do not have them typed in triplicate we will have one of the secretaries do them for you. They must be presented to the Secretary of the House in triplicate.

Are there further resolutions to be presented to this House?

DR. J. M. DE LOS REYES (Los Angeles County): I want to present an Amendment to the Constitution of the California Medical Association.

Proposed Amendment to C.M.A. Constitution. Re: Ex-officio Members of Council

For action taken on this resolution, see below.

Be It Resolved, That the first paragraph of Section 1, Article VII, of the Constitution of the California Medical Association be amended to read:

"The Council shall consist of the Councilors, and ex-officio: The President, the President-elect, the Speaker and Vice-Speaker of the House of Delegates, each with all the rights of a Councilor."

and, be it

Resolved, That the first paragraph of Section 4, Article X of the Constitution of the California Medical Association be amended to read:

"The President, President-elect, the Speaker and Vice-Speaker of the House of Delegates shall be ex-officio members of the Council with all the rights of Councilors."

SPEAKER ASKEY: This is an Amendment to the Constitution and By-Laws and must lie on the table for one year and must be published twice during the year in the *Official Journal.* It is so referred to the Association Secretary to be laid on the table and published as required by the By-Laws.

Are there further resolutions?

Dr. Bruck!

DR. EDWIN L. BRUCK (San Francisco):

Resolution No. II.—Concerning Spokesmen of the American Medical Association

For action taken on this resolution, see page 337.

WHEREAS, The American Medical Association has created a council on public relations, known as Council on Medical Service and Public Relations which council is charged with the responsibility of representing the American Medical Association to the public and governmental agencies of the United States; and

WHEREAS, The presentation of the official point of view of the American Medical Association by other councils, committees and individuals, leads but to confusion and to different and divergent views, with the effect of apparent disunity in the profession; and

WHEREAS, At this time the profession is in need of greater unity than ever before in its history; therefore,

Resolved, That the Council on Medical Service and Public Relations shall be the sole agency for presentation of the attitude of the American Medical Association relative to matters in which the organized profession should or must make representation to the public or to the government; and, be it

Further Resolved, That all Councils, committees, officers and employees of the American Medical Association shall be required to consult with and obtain permission from the Council on Medical Service and Public Relations prior to making pronouncements actually or impliedly in the name of the American Medical Association; and, be it

Further Resolved, That the delegates from the California Medical Association to the American Medical Association introduce the foregoing resolution into, and strive for its adoption by the House of Delegates of the American Medical Association; and, be it

Further Resolved, That a copy of this resolution be forwarded at once to each and every delegate and alternate delegate to the American Medical Association with the request that they too strive for its adoption.

SPEAKER ASKEY: That will be referred to Reference Committee No. 3.

DR. BRUCK: I have another resolution, Mr. Speaker.

Resolution No. III.—Concerning Full-Time Employees of American Medical Association

For action taken on this resolution, see page 338.

WHEREAS, At this time many important problems confront the medical profession and a greater load is placed upon each individual in the profession due to the exigencies of war; and

WHEREAS, The American Medical Association is in need of the most efficient organization possible in the solution of its problems; and

WHEREAS, Employees who participate in activities outside of the Association cannot render their best service to the Association; therefore, be it

Resolved, That all employees of the Association, who are not specifically employed on a part-time basis, shall be required to devote their full time to the activities of the Association for which they are employed and shall not engage in outside activities from which they derive financial income; and, be it

Further Resolved, That the Delegates from the California Medical Association to the American Medical Association introduce the foregoing resolution into, and strive for its adoption by the House of Delegates of the American Medical Association; and, be it

Further Resolved, That a copy of this resolution be forwarded at once to each and every delegate and alternate delegate to the American Medical Association with the request that they too strive for its adoption.

SPEAKER ASKEY: This resolution will be referred to Reference Committee No. 3.

Dr. McClendon!

DR. SAM J. MCCLENDON (San Diego): I have been asked to present this resolution by the majority of the Delegates of the First District.

Resolution No. IV.—Concerning American Association of Physicians and Surgeons

For action taken on this resolution, see page 340.

WHEREAS, The introduction of a system of medical practice commonly called "Compulsory Health Insurance" has been proposed in the State of California, to which system a majority of the reputable physicians of California are opposed for the reason that such scheme can only produce undesirable regimentation and is inimical to the public health of this State; and

WHEREAS, These same ethical physicians desire to unite in an association apart from those of the profession who are willing to subjugate themselves to the dictates of such politically controlled and socialized practice of medicine; and

WHEREAS, Such an association should be national in scope, admitting all doctors of medicine in good standing in their respective State and County Medical Associations into one united association; and

WHEREAS, The American Association of Physicians and Surgeons was founded for this purpose and so functions, embodying principles and ethics which will protect the practice of medicine against the inroads of such compulsory health insurance and socialized medicine schemes, not acceptable to the majority of its members; and

WHEREAS, A majority of the members of the California Medical Association endorse the principles announced and sponsored by the American Association of Physicians and Surgeons; now therefore, be it

Resolved, That this House of Delegates accept and approve the American Associaiton of Physicians and Surgeons, and endorse the principles promulgated by it; and, be it

Further Resolved, That all members of the California Medical Association eligible for membership in the American Association of Physicians and Surgeons be permitted and urged to apply for membership therein; and, be it

Further Resolved, That at such time as the desired percentage of the members of the California Medical Association shall have attained membership in the American Association of Physicians and Surgeons, the proponents of schemes for compulsory health insurance and socialized medicine shall be advised, and the general public shall be informed that its members propose to abide by and accept the principles contained in the Constitution and provided in the By-Laws of the American Association of Physicians and Surgeons.

SPEAKER ASKEY: The resolution will be referred to Reference Committee No. 3.

Are there further resolutions to be presented before this House?

Dr. Regan!

DR. LOUIS J. REGAN (Los Angeles):

Resolution No. V.—Advisory Planning Committee for California Medical Association

For action taken on this resolution, see page 340.

WHEREAS, Many complex problems in the fields of medical economics, public relations and legislation are constantly before the Council and the House of Delegates of the California Medical Association as well as before the governing bodies of the component medical societies for study and decision as to the course of action; and

WHEREAS, Factual information and expert advice must be available if sound conclusions are to be reached, which information and advice cannot be acquired by practicing physicians serving on the governing boards without undue sacrifice of time and effort; and

WHEREAS, The California Medical Association and its larger component county societies and the Public Health League have for many years employed attorneys, executive secretaries and public relations counselors who are thoroughly familiar with the problems confronting the medical profession as well as with the attitude of the public in general; now, therefore, be it

Resolved,

1. That the House of Delegates of the California Medical Association authorize and direct the Council of the California Medical Association to establish and to appoint the Advisory Planning Committee of the California Medical Association; and

2. That the Advisory Planning Committee of the California Medical Association shall consist of Messrs. Hassard, Cochems, Hunton, Ebersole and Read; and

3. That the Advisory Planning Committee shall hold monthly meetings; that the time and place of meetings be designated by the chairman of the committee and such further additional emergency meetings as may be required at the direction of the Council of the California Medical Association; and

4. That the Advisory Planning Committee of the California Medical Association shall be empowered:

A. To study the economic and health factors involved in medical and hospital care problems as presently under consideration or as may be hereafter brought to the attention of the committee;

B. To act in other matters as the Council of the California Medical Association may from time to time direct;

C. To make reports to the Council of the California Medical Association in respect to all of these matters outlining action recommended to be taken, with reasons therefor.

SPEAKER ASKEY: The resolution will be referred to Reference Committee No. 3.

Are there further resolutions to come before this House?

DR. JESSE L. CARR (San Francisco): Mr. Chairman, may I explain this resolution before I introduce it or must it be introduced?

SPEAKER ASKEY: If your explanation is not discussion of it, you may, and if it has something to do with the reason for it.

DR. CARRS It has specifically and I think there should be an explanation on this matter. There are certain elements of humor in it.

SPEAKER ASKEY: If it is real humor, it may be introduced.

DR. CARR: This is positively funny. It has to do with chiropractors and Christian Scientists. I am introducing this first resolution on the Christian Scientists because we in San Francisco in the Coroner's Office really know what goes on inside of the Christian Science places. As you may or may not know, there is a large Christian Science home in San Francisco which bears the title "Home," but which really is a hospital or a dying ground for Christian Scientists who don't want to die at home. In San Francisco sometimes the Coroner's Office insists on autopsies inasmuch as a Christian Science Practi-

tioner is not able to sign a death certificate. The common method among Christian Scientists in San Francisco is to call in a doctor in the last 24 hours or just before the last 24 hours of death. Most of us are suckers enough to go in and sign this death certificate at the last moment.

In the last five years the campaign for the cause of medicine has eliminated some of this practice but not all of it. Just before I came down here, I collected statistics from the Coroner's Office and out of 2,500 autopsies relatively in 1942, 1943 and 1944, we had 63 autopsies on Christian Scientists in 1942; 55 in 1943 and 59 in 1944.

SPEAKER ASKEY: Dr. Carr, I am sorry to interrupt but that is discussion which should come up with your resolution tomorrow. I will have to order that you read your resolution and the discussion will come tomorrow, please.

DR. CARR: The funny part cames later. I would like to say that when these autopsies were done we found epidemic meningitis, diphtheria and tuberculosis.

Resolution No. VI.—Concerning Christian Science Practitioners

For action taken on this resolution, see page 342.

WHEREAS, Christian Science Practitioners are, contrary to their avowed purpose, treading the medically ill, and

WHEREAS, These people are dying unnecessarily, carrying and spreading communicable disease and constitute a public health hazard, and

WHEREAS, It is impossible to safeguard the public health with a proportion of the population acting as uncontrolled carriers of disease, now, therefore, be it

Resolved, That no member of the California Medical Association serve under any compulsory health plan not including Christian Scientists.

SPEAKER ASKEY: This resolution will be referred to Reference Committee No. 3. I believe there are two resolutions.

DR. CARR: The following resolution relates to chiropractors.

Resolution No. VII.—Concerning Chiropractors

For action taken on this resolution, see page 342.

WHEREAS, Chiropractors have inadequate basic science training, their concepts and methods are inadequate, misconceived and dangerous; and

WHEREAS, They constitute a medical menace to public health; therefore, be it

Resolved, That no member of the California Medical Association serve under any compulsory plan including chiropractors.

SPEAKER ASKEY: This resolution will be referred to Reference Committee No. 3.

Your Speaker wishes to call attention to something which the Delegates, I am sure, understand but which is something misunderstood by those who are visiting here. Resolutions of almost every description may be introduced. They do not represent the action of the California Medical Association until after they have been voted upon. Remember, that any resolution today is not the action by the California Medical Association but it is in our democratic procedure that anybody may introduce them for the purpose of discussion only, and it is for that reason they are introduced at this time.

Are there any further resolutions to be presented?

DR. BRYANT R. SIMPSON (San Diego County): The compulsory health insurance bills which have been before this House have created a lot of local discussion in San Diego. There are several things we don't like about the bills, and there are several things we don't like in what we have done about it. The first one is that the bills as developed or presented before this present Legislature have proposed coverage for only a part of the people of the State.

SPEAKER ASKEY: Dr. Simpson, I am very sorry to have to call you, but the discussion on your resolution must be tomorrow. If you will introduce it at this time, please.

DR. SIMPSON: That is true. Thank you. I will apologize for my preliminary remarks, Mr. Speaker.

Resolution No. VIII.—Concerning California Physicians' Service

For action taken on this resolution, see page 342.

WHEREAS, The subject of compulsory health insurance has been forced on the members of the California Medical Association by the Governor of the State of California and by organized labor groups within California; and

WHEREAS, There has been considerable complaint over a number of years that the lower income groups in the State have not been receiving adequate medical and hospital care; and

WHEREAS, The California Physicians' Service and other voluntary plans of health insurance have not been adequate to service the lower income groups within the State and provide them with adequate medical and hospital care; and

WHEREAS, The California Physicians' Service since its inception, has not been able to promote membership within this income group to the point to which it has adequately cared for the medical and hospital needs; and

WHEREAS, The California Physicians' Servcie in its mode of operations is seeking a third party relationship between physician and patient which is contrary to the wishes of the majority of the physicians of the California Medical Association; and

WHEREAS, We have been informed by Legislators that the California Physicians' Service has played no part in the present defeat of the compulsory health bills in the present session of the Legislature; therefore, be it

Resolved, That the Trustees of the California Physicians' Service be advised that we no longer wish to maintain coverage service such as the California Physicians' Service; and, be it

Resolved, That the California Physicians' Service be further instructed to discontinue the selling of side coverage and to devote their entire time to the indemnification of policy holders; therefore, be it

Resolved, That the Trustees of California Physicians' Service be instructed to proceed to convert their present coverage to the plan of an indemnifying type of insurance; and, be it

Further Resolved, That the California Medical Association endorse an indemnifying type of health insurance for the people of California in those low income groups which are unable to the present time to obtain adequate medical and hospital srevices and that this coverage include not only the low income group level but also the indigents of the State.

SPEAKER ASKEY: The resolution will be referred to Reference Committee No. 3.

Are there further resolutions? This is your time. You know, the By-Laws state that a resolution cannot be introduced tomorrow except by unanimous consent, so if you wish to have a resolution introduced, do it now.

If no one else wishes the floor, the Chair at this time wishes to make several announcements.

Will the Chairmen of these three Reference Committees come to the front of the room, to the Secretary's desk, to receive their reports and other items which these Committees are to consider after this meeting?

Reference Committee No. 3, which is the one dealing with the resolutions, which are the ones you will probably want to discuss, will be glad to have you appear before that Committee. That is not only your privilege but you are urged to appear before these committees and argue these points if you have an interest involved.

. . . (Announcements regarding time and place of Committee meetings were made.)

If there is no further business to come before this body, I would like to have a motion that the President of the Association, the Speaker of the House of Delegates and the Association Secretary be appointed a committee to edit and approve the minutes of this meeting.

DR. KNEESHAW: I so move.

. . . The motion was seconded, put to a vote and unanimously carried. . . .

SPEAKER ASKEY: At this time I wish to call your attention to the fact that the next meeting of this House of Delegates will be in this room, at one o'clock tomorrow afternoon. Be here promptly, please, because we wish to get our business over, since those of our delegates who come from some distance may wish to start home as soon as possible.

A motion to adjourn is now in order.

DR. GOIN: I move we adjourn.

. . . The motion was seconded, put to a vote and unanimously carried. . . .

SPEAKER ASKEY: We are adjourned.

. . . The first meeting adjourned at 3:50 p.m. on Sunday afternoon, May 6, 1945.

Second Meeting of the C.M.A. House of Delegates Monday Afternoon, May 7, 1945

The Second Meeting of the House of Delegates of the California Medical Association, 74th Annual Session of the Association and 42nd Annual Session of the House of Delegates, was held in the Auditorium of the Los Anglees County Medical Association Building, Los Angeles, California, May 7, 1945. The meeting was called to order at 1:15 p.m., by Dr. L. A. Alesen, Vice-Speaker of the House of Delegates.

VICE-SPEAKER ALESEN: Will the House please come to order?

The Chair calls upon Dr. Paul Foster, Chairman of the Committee on Credentials, to find out if he has a report to make at this time.

DR. FOSTER: We have 37 or more Delegates present.

VICE-SPEAKER ALESEN: Thank you, sir.

Mr. Secretary, shall we proceed with the Roll Call?

SECRETARY KRESS: Yes.

(Secretary Kress called the roll as listed in the "Pre-Convention Bulletin.")

VICE-SPEAKER ALESEN: If there are no more additions, the Roll Call has been taken and as taken will constitute the House of Delegates.

We will now proceed to the further order of business. Before proceeding, the Chair will recognize Dr. Louis Regan who will submit to the House the *Report of the Special Committee with respect to voting procedures in the House.* Dr. Regan!

DR. LOUIS J. REGAN: Mr. Speaker: On this matter of voting we have not been able to find any ideal solution. The problem is a very difficult one. There is no provision in our Constitution and By-Laws for variation of the course with which we have become familiar and accustomed to year by year.

We have this suggestion to make. We would suggest that when it comes to a vote on any question before the House that we take a straw vote first. That will work provided the particular unit organizations for county medical society delegations are not divided. It will have this advantage and that is that everyone may think and go home satisfied on a particular question. If, in counting the votes, for instance, for Los Angeles County, we would count full representation, no matter how many or how few may be here, and similarly for all organizations and counties in the State, we believe we could work it out. For example, San Francisco may only have six here, but on the straw count we would count the total number of their delegation, which I believe is 24, and then if the results indicate that it would be the same, even if they had every representative here and voting the same way, I believe that would be satisfactory.

Obviously, the procedure just outlined will not work as to controversial issues, or where a county unit is divided. Here the Committee's suggestion is that in dealing with these problems, the straw vote, for instance, doesn't apply where there is a division in the county unit, if there is a controversy. In such cases we could caucus the unit at that time and endeavor to establish a gentlemen's agreement in some way or other to deal with the issue. It seems to your Committee, the matter of a gentlemen's agreement is difficult. In respect to the small counties, what standard may we use and suggest for them? If we raise this to one vote for each 200, some of the small counties would have a fractional vote or no vote; at any rate, there would be an overloading in some center or another. Our purpose has been to try to find a completely fair and equitable arrangement and that we have not been able to do.

These are the best suggestions the Committee has been able to work out.

VICE-SPEAKER ALESEN: Before proceeding with the regular order of business, one of the members, Dr. Charnock, has requested unanimous consent of the House to introduce a resolution bearing directly upon the eminent declaration of V-E Day. Inasmuch as this resolution seeks to place the California Medical Association on record in a favorable light, it is suggested that Dr. Charnock be given the floor for that purpose. If the Chair hears no objection, it is assumed that there is unanimous approval and now, Dr. Charnock, will you proceed?

DR. DONALD A. CHARNOCK (Los Angeles): Mr. Speaker:

Resolution No. IX.—Pledge of C.M.A. to Promote Victory

WHEREAS, The forces of the United Nations have this day brought to a victorious conclusion the first phase of our common titanic struggle, and

WHEREAS, We, of the California Medical Association, realize that the continued efforts of all America must now rally whole-heartedly behind the supreme task of achieving final victory against our remaining enemy; therefore, be it

Resolved, That we, the members of the California Medical Association, at this time solemnly reconsecrate ourselves to a renewed endeavor to bring victory to our armies and peace to the world and by this expression of dedication we honor the three thousand of our colleagues who are engaged in this great war.

Mr. Speaker, I move the unanimous passage of this resolution.

VICE-SPEAKER ALESEN: Is there a second?

DR. GOIN: I second the motion.

VICE-SPEAKER ALESEN: Is there any discussion? If not, you have heard the resolution and all of those in favor signify by saying "aye," opposed "no."

. . . The motion was put to a vote and it was carried unanimously. . . .

VICE-SPEAKER ALESEN: It is the suggestion of Dr. Charnock that the House rise for just a *Moment of Silent Tribute* to our members who are in the Armed Forces.

. . . The members of the House stood in a moment of silent tribute to the members who are in the Armed Forces. . . .

VICE-SPEAKER ALESEN: Mr. Secretary, will you make the announcement appropriate at this time.

Place of Meeting of C.M.A. Session in 1946

SECRETARY KRESS: Mr. Speaker and Members of the House: The Council has selected the City of Los Angeles as the place of the Annual Session for the coming year.

Budget

VICE-SPEAKER ALESEN: Dr. Cline, will you present, as the Chairman of the Finance Committee, the report of the budget at this time?

DR. JOHN W. CLINE: The budget has been previously

published in mimeographed form. There was only one change from the original and the suggested budget. The revenue of the Association, in round figures, is $137,000.00 and the total expense is $118,000.00 in round figures for the succeeding year.

Budget for Calendar Year 1946

I—Estimated Income

	1946 Budget
Membership Dues	$100,000
Advertising Sales	35,000
Journal Subscriptions	800
Reprint Sales (Net)	100
Annual Session	.....
Miscellaneous (includes earned interest, Herzstein Bequest, etc.)	1,500
Total Estimated Income	$137,400

II—Total Estimated Expenses

Rent	3,288
Telephone and Telegraph	850
Postage	750
Stationery and Printing, Office Supplies, Office Expense	2,000
Salaries:	
(a) Secretary-Treasurer	4,140
(b) Executive Secretary	9,000
(c) Clerical	9,500
(1) Social Security Tax	200
(2) Unemployment Tax	200
Travel Expenses:	
(a) Officers	750
(b) Councilors	3,000
(c) Executive Committee	250
(d) Executive Secretary	1,000
(e) A.M.A. Delegates	2,500
Council-Executive Committee Expense	750
Annual Session	6,000
Employees' Annuities	500
Pensions	960
Dept. of Public Relations	1,000
(a) C.P.S. Promotion	.....
Cancer Commission	1,000
Committees' Expenses	1,500
Committee on War Effort	500
Postgraduate Committee	2,000
Public Policy and Legislation	13,500
(a) United Public Health League	.....
Benevolence Committee	5,000
Secretarial Conference	1,200
Donations to Libraries	2,500
Legal Department	5,500
Woman's Auxiliary	200
Equipment Expense	1,000
Miscellaneous	3,000
California and Western Medicine:	
(a) Printing	20,000
(b) Postage and Mailing	2,000
(c) Advertising Commissions	5,000
(d) Discount and Collections	300
(e) Editor's Salary	4,600
(f) Supplies	950
(g) Office Postage	850
(h) Illustrations	600
(i) Doubtful Accounts	250
(j) Addressograph Expense	300
(k) Editorial Board Travel	300
Total Estimated Expenses	$118,688

Vice-Speaker Alesen: You have heard the report of the Finance Committee on the budget.

Dr. Gilman: I move it be adopted.

Dr. James Doyle: I second the motion.

. . . The motion was put to a vote and it was unanimously carried. . . .

Vice-Speaker Alesen: It is so ordered.

C.M.A. Dues for Calendar Year 1946

At this time we shall hear from the Chairman of the Council, Dr. Philip K. Gilman, on the matter of dues for the coming year. Dr. Gilman!

Dr. Philip K. Gilman: Mr. Speaker and Members of the House of Delegates:

With respect to the annual dues for next year, the Council, in submitting its recommendation, has been guided by the following circumstances:

1. Loss of revenue in the past three years due to waiver of dues of members in the armed services to the number of 2,200.

2. Need for adequate funds to aid doctors returning from the armed services and in general to assist during the inevitable disruption of relocation from war to peacetime practice.

3. Need for adequate funds for post-graduate study and refresher courses for doctors whose practice has been restricted to military service or work in war industrial areas.

4. Need for further funds to promote more widespread participation in voluntary medical and hospital pre-payment plans.

5. The necessity of reëstablishing the reserves of the Association which are being constantly diminished by costly national and state public relations activities and increased cost of operations of all the Association's functions.

In view of the foregoing, the Council unanimously recommends that the annual dues for the year 1946 be fixed at $100.00 per member.

I move the adoption and approval of this report.

Dr. Peers: I second the motion.

Vice-Speaker Alesen: You have heard the recommendation fixing the annual dues at $100.00 per member. Is there discussion?

Dr. Earnest Dozier (Shasta County): Mr. Chairman and Members: I have been paying dues in the C.M.A. for nearly 34 years and the dues for many years have been too high. The result of the dues being too high has been too much money to spend on the part of those who are spending it and the result of that has been the hustling of the practitioners of medicine and the doctors of medicine in private practice in this State into adventures in which we have no place.

I listened to the program of what they propose to do for returning doctors. I am a veteran of two wars. I was there when they took Manila the first time and I was in France the last time. Nobody said anything about my rehabilitation. I will take care of myself and they can take care of themselves. We are not all cripples, injured or deficient in any way. The men went to war because they had to do it and it is just what anybody ought to do and they can take care of themselves after the war.

I think $100.00 for membership is absurd. A society organized for the purpose of advancing the skill, the scientific attainments and the general welfare of the private doctor of medicine in private practice presumably still exists for that purpose, although it seems somewhat doubtful and it seems we have a great many purposes which have nothing to do with the practice of medicine, or at least so remotely they can't, without a great deal of effort and a great deal of straining of the mind, be connected up. It appears that membership in the C.M.A. is an economic matter rather than a professional matter.

The trouble with it is that the doctors are more or less at the mercy of those who propose these things and if a doctor doesn't belong to a county medical society they wonder what is the matter with him. Is he off color? Is there anything wrong, any place? Is it a question of insurance and all of those matters and he is practically forced in whether he wants to belong or not; at least there is a great deal of pressure, unless he is of a very independent spirit, and he is apt to grudgingly give up, realizing all of the time that somebody is putting the squeeze on him. It shouldn't be done.

The inevitable end of that thing is damage to C.M.A. There is no question about that at all. The C.M.A. has

already been damaged and badly damaged. We haven't the position in the public's esteem we ought to have, and the reason why is because we have permitted the affairs of this Association to degenerate into a series of economic problems rather than professional problems.

Don't think the mere fact that it cost $100.00 to join a county medical society in this State isn't an indictment. It is bound to react in adverse public reaction. This is really the thing you are trying to avoid.

There are a lot of things that can be said but there is a lot of business to come before this body this afternoon and I think I have made it fairly clear, the reasons why I am opposed to this and the reasons why most doctors of medicine should be opposed to any such idea of that generally throughout the State. I think it will become manifest if this thing is put over.

. . . The question was called for. . . .

VICE-SPEAKER ALESEN: Is there further discussion?

. . . The question was called for again. . . .

VICE-SPEAKER ALESEN: If not, you are voting to set the dues for 1946 at $100.00, in support of the Council's recommendation.

. . . The motion was put to a vote and it was carried. . . .

Election of Officers

VICE-SPEAKER ALESEN: We now proceed to the next order of business which is the election of officers for the ensuing year.

The first officer to be selected is the *President-Elect of the California Medical Association.* Dr. Remmen!

DR. E. T. REMMEN (Los Angeles): Mr. Speaker and Members of the House of Delegates: Now and again an opportunity is given to do honor to an old and esteemed friend, one who has not been only a friend, but a good fellow and who has also risen to a place of eminence in his profession. In such a case it is difficult to find suitable words.

Down in the far southern end of our State where the climate is said to excel even that in Los Angeles, and where they build great airplanes and ships, lives a hard-working fellow who has been a pediatrician for these many years. Beloved by his patients and his fellow practitioners, he has served his colleagues in the council halls of medicine for 20 years.

He is a past-president of the San Diego County Medical Association and is currently secretary of the California Heart Association. He is a member of the California State Board of Health and one of our delegates to the A.M.A. He has made outstanding contributions to the study of rheumatic fever. He will grace the Presidency of the California Medical Association.

Mr. Speaker, it is my pleasure and honor to place in nomination the name of Dr. Sam J. McClendon of San Diego. (Applause.)

VICE-SPEAKER ALESEN: Dr. Sam J. McClendon has been nominated as President-Elect.

DR. HARRY J. TEMPLETON (Alameda County): I would like to second the nomination.

VICE-SPEAKER ALESEN: Are there further nominations? If the Chair hears none, the nominations will be close. Hearing none, the nominations are closed. How do you vote?

. . . Cries of "by acclamation." . . .

VICE-SPEAKER ALESEN: All of those in favor of selecting Dr. Sam J. McClendon as President-elect signify by saying "aye," opposed "no."

. . . The motion was put to a vote and it was unanimously carried. . . .

VICE-SPEAKER ALESEN: It is carried unanimously and Dr. Sam J. McClendon is elected.

DR. SAMUEL AYRES, JR. (Los Angeles): Mr. Speaker and Members of the House of Delegates: The man whose name I want to place in nomination as the *Speaker of the House of Delegates* is very well known to all of us. He is a man who ranks at the top of his profession. He is a man who has his feet on the ground and he also has vision. If at any time we ever needed vision, it is right now. I have known this man personally for a great many years. I think everybody knows him.

I am not going to spend any more of the Association's time this afternoon but I want to name Dr. E. Vincent Askey to succeed himself.

VICE-SPEAKER ALESEN: Dr. Askey has been nominated to succeed himself. Are there any other nominations?

Hearing no more nominations, the Chair declares the nominations closed.

All of those in favor of Dr. Askey as Speaker for the ensuing year signify by saying "aye," opposed "no."

. . . The nomination was put to a vote and it was unanimously carried. . . .

VICE-SPEAKER ALESEN: It is so ordered.

. . . The Speaker of the House, Dr. Askey, assumed the Chair. . . .

SPEAKER ASKEY: Nominations are in order for *Vice-Speaker.*

DR. CARL L. MULFINGER (Los Angeles): Mr. Chairman and Members of the House of Delegates: I know of no one better qualified to assume the assistant Speakership of this House than the present encumbent, Dr. L. A. Alesen. I so nominate him.

SPEAKER ASKEY: Are there further nominations for the office of Vice-Speaker of this House? If I hear no further nominations, they will be declared closed. I hear no further nominations. They are declared closed. Dr. L. A. Alesen has been nominated as Vice-Speaker. All in favor of his election say "aye," opposed "no."

. . . The election of the Vice-Speaker was put to a vote. . . .

SPEAKER ASKEY: He is elected your Vice-Speaker. (Applause.)

The next is the election of the *District Councilors.* I want to call your attention to the requirements of our By-Laws and Constitution in regard to District Councilors. I am sure you all know them but for reason of legality, I wish to call your attention to them again. That is this: Each district shall in writing present to the Association Secretary the name of one or more nominees from their district. If there is more than one nominee, the House shall then elect one of the men so nominated, or if they do not wish to elect either one they may turn it down, in which case the delegation from that county may then present further nominations. If there are no nominations from the area the House, as a whole, may elect one from the floor.

The first vacancy is that of the Second District. You will be voting whether you sustain the nominations of the District. If there is only one you will vote to sustain it, or if there is more than one you will vote on the names submitted. In the Second District, the term of Donald Cass is expiring.

Mr. Secretary, do you have any nominations in your hands?

SECRETARY KRESS: Mr. Speaker, the Second District has nominated Dr. Jay J. Crane for the office of *Councilor for the Second District (Los Angeles County).*

SPEAKER ASKEY: Is that the only nomination?

SECRETARY KRESS: No other nominations for the Second District has been submitted.

SPEAKER ASKEY: The name of Jay J. Crane of Los

Angeles is presented to you. Is there a motion to sustain the nomination of Los Angeles County?

. . . It was moved, seconded, and put to a vote that the nomination be sustained. The motion was unanimously carried. . . .

SPEAKER ASKEY: Dr. Crane is elected being sustained by the House of Delegates as the nominee of Los Angeles County, the Second District.

The next District Councilorship vacancy is that of Fifth District, the term of Dr. R. Stanley Kneeshaw of San Jose expiring.

SECRETARY KRESS: The Fifth District delegates have met and have unanimously voted to recommend that Dr. R. Stanley Kneeshaw of the Fifth District succeed himself.

SPEAKER ASKEY: Are there any further nominations?

SECRETARY KRESS: No further nominations.

SPEAKER ASKEY: You have before you Dr. Kneeshaw. Is there a motion to sustain the election of Dr. Kneeshaw?

. . . It was so moved and seconded; the motion was put to a vote and unanimously carried. . . .

SPEAKER ASKEY: The nomination is sustained and he is elected.

Next is the vacancy in the Eighth Councilor District, the term of Dr. Frank A. MacDonald of Sacramento, expiring.

SECRETARY KRESS: Mr. Speaker, the delegates from the Eighth District have nominated Dr. Frank A. MacDonald of Sacramento to succeed himself as Councilor of the Eighth District. There are no other nominations.

SPEAKER ASKEY: You have heard the nomination which is before you of Dr. Frank A. MacDonald. Is there a motion to sustain the election?

. . . It was so moved and seconded; the motion was put to a vote and unanimously carried. . . .

SPEAKER ASKEY: It is carried; he is sustained and elected.

The next is the vote on the *Councilors-at-Large*. Since the Councilors-at-Large represent the society as a whole and not any one district, nominations are now open from the floor.

The first is for the term of Sam J. McClendon, term expiring. Dr. McClendon!

DR. MCCLENDON: I would like to place in nomination one of our very outstanding physicians from San Bernardino County, Dr. Walter S. Cherry.

SPEAKER ASKEY: Dr. Walter S. Cherry has been nominated for the term of Dr. Sam McClendon, term expiring. Are there further nominations for the office of Councilor-at-Large? If I hear no further nominations, they will be closed. I hear none. The nominations are closed.

I will call for a vote on the nominatoin of Dr. Walter Cherry.

. . . A vote was taken on the nomination and it unanimously carried. . . .

SPEAKER ASKEY: Dr. Walter Cherry has been elected. Dr. Cherry, will you please stand so these men and ladies can see you.

The next office is that of Councilor-at-Large for the term of Edwin L. Bruck, term expiring. Dr. Cass!

DR. DONALD CASS (Los Angeles): I have served on the Council for the last five years and most of that with Ed. Bruck. I consider him one of the outstanding Councilors. He has been past-president of the San Francisco County Medical Association; president of the Family Club and very active and interested in civic affairs at San Francisco. He is a very popular doctor, very strong and energetic, and he is a fearless man. I think it would be a great loss to the Association if Dr. Bruck did not succeed himself. It is with a great deal of pleasure I nominate Ed Bruck to succeed himself as Councilor-at-Large.

SPEAKER ASKEY: The name of Ed Bruck has been placed in nomination to succeed himself.

DR. HARRY J. TEMPLETON (Alameda County): Alameda County would like to have the privilege of seconding the nomination of our friend from our suburb to the West, Dr. Bruck.

SPEAKER ASKEY: Are there further nominations for the office of Councilor-at-Large? If I hear no further nominations they will be closed. Nominations are closed.

All of those in favor of electing Dr. Ed Bruck will signify by saying "aye," opposed "no."

. . . A vote was taken on the nomination and it was carried unanimously. . . .

SPEAKER ASKEY: It is carried and he is elected.

Election of A.M.A. Delegates

The next election is that of *Delegates to the American Medical Association*. The Delegates are elected for two calendar years. At this session of the C.M.A. House of Delegates, terms of Delegates elected for the calendar years 1946-1947 will expire on December 31, 1947. Each of these delegates will be elected separately. They cannot be elected as a group. Each individual office requires a separate election.

The first position is that of Delegate to the American Medical Association to fill the term of Dwight L. Wilbur, of San Francisco, term expiring. Do I hear a nomination?

A MEMBER: I would like to nominate Dr. Robertson Ward to fill that position.

SPEAKER ASKEY: Are there further nominations?

If there are no further nominations, they will be closed. All those in favor of the election of Dr. Robertson Ward to fill the position of Delegate to the American Medical Association for the term of Dr. Dwight L. Wilbur, term expiring, say "aye," opposed "no."

. . . A vote was taken on the nomination and it was unanimous. . . .

SPEAKER ASKEY: He is elected.

The next is for the term of S. J. McClendon, term expiring. Are there any nominations for this position?

DR. JOHNSON (Orange County): It would be superfluous for me to add to Dr. Remmen's words regarding my candidate. You have already shown your confidence in him. I, therefore, nominate Dr. McClendon of San Diego to succeed himself.

SPEAKER ASKEY: You have heard the nomination of Dr. McClendon. Are there further nominations? If not, the nominations are closed. All in favor of the election of Dr. Sam McClendon to succeed himself say "aye," opposed "no."

. . . The nomination was put to a vote and it was unanimous. . . .

SPEAKER ASKEY: He is elected.

The next office to be filled is that for the term of Dr. Lowell S. Goin expiring. Are there any nominations?

DR. CASS: I would like to nominate Dr. Goin to succeed himself.

SPEAKER ASKEY: Are there further nominations? If there are no further nominations, the nominations are closed. All in favor of the election of Dr. Lowell S. Goin as a Delegate to the A.M.A., say "aye," opposed "no."

. . . The nomination was put to a vote and it was unanimous. . . .

SPEAKER ASKEY: He is elected.

The next is the term of Dwight H. Murray of Napa,

term expiring. Are there nominations for this position?

DR. CLINE: I would like to nominate Dr. Murray to succeed himself.

SPEAKER ASKEY: The nomination is before you. Are there further nominations? There being no further nominatoins, I hereby declare the nominations closed. All of those in favor of Dr. Dwight H. Murray for the term expiring, to succeed himself, say "aye," opposed "no."

. . . The nomination was put to a vote and it was unanimous. . . .

SPEAKER AKSEY: It is carried.

We next come to the election of the *Alternates to the American Medical Association.* The first one is for the term of Anthony B. Diepenbrock of San Francisco. He is an alternate to the first delegate who was elected, namely, to Dr. Ward.

A MEMBER: I wish to nominate Dr. Diepenbrock to succeed himself.

SPEAKER ASKEY: Dr. Diepenbrock is nominated. Are there any further nominations. If not, they are declared closed. All those in favor of Dr. Diepenbrock's election will say "aye," opposed "no."

. . . The nomination was put to a vote and it was unanimous. . . .

SPEAKER ASKEY: The next is the term of Dr. Bon O. Adams, term expiring. Are there any nominations for this position?

A MEMBER: I wish to nominate Dr. Bon O. Adams.

SPEAKER ASKEY: Bon O. Adams has been nominated. Are there further nominations?

There being no further nominations, the nominations are closed. All of those in favor of the election of Dr. Bon O. Adams say "aye," opposed "no."

. . . The nomination was put to a vote and it was unanimous. . . .

The next is for the term expiring of Leo J. Madsen. Are there any nominations to fill this position?

DR. REMMEN: I would like to place in nomination Dr. Regan who was the unanimous choice of the Southern Delegation.

SPEAKER ASKEY: Dr. Louis J. Regan has been nominated. Are there further nominations? If not, the nominations are closed. All those in favor of the election of Dr. Louis J. Regan say "aye," opposed "no."

. . . The nomination was put to a vote and it was unanimous. . . .

SPEAKER ASKEY: Dr. Regan is elected.

The next is for the term of Dr. John W. Green of Vallejo.

DR. KNEESHAW: I would like to nominate the other half of that combination of Murray-Green. I do not see how one can go without the other. I would like to nominate Dr. John W. Green.

SPEAKER ASKEY: Dr. John W. Green has been nominated. Are there further nominations? If not, the nominations are closed. All of those in favor of the election of Dr. John W. Green to succeed himself, say "aye," opposed "no."

. . . The nomination was put to a vote and it was unanimous. . . .

Appointments to Fill Committee Vacancies

SPEAKER ASKEY: At this time we will have the announcement by the Secretary of the Council's nominations on members for the standing committees for approval by the House of Delegates.

SECRETARY KRESS: Mr. Speaker and Members of the House: The new appointees recommended by the Council to fill vacancies on Standing Committees, to fill unexpired terms and terms ending in 1948 are indicated in the following roster:

Committee on Associated Societies and Technical Groups

John V. Barrow (Chairman)	Los Angeles	1946
Anthony B. Diepenbrock	San Francisco	1947
Edward F. Nippert	Hollywood	1948

Committee on Health and Public Instruction

J. C. Geiger (Chairman)	San Francisco	1946
E. Earl Moody	Los Angeles	1947
C. M. Burchfield	San Jose	1948

Committee on History and Obituaries

Hyman Miller	Los Angeles	1946
Morton R. Gibbons, Sr. (Chairman)	San Francisco	1947
Robert A. Peers	Colfax	1948
George H. Kress	ex officio	

Committee on Hospitals, Dispensaries and Clinics

Benjamin B. Black	Oakland	1946
Roy E. Thomas	Los Angeles	1947
Clarence E. Rees (Chairman)	San Diego	1948

Committee on Industrial Practice

Carl L. Hoag	San Francisco	1946
N. P. Dunne	Oakland	1947
Donald Cass (Chairman)	Los Angeles	1948

Committee on Medical Defense

Louis J. Regan	Los Angeles	1946
Nelson J. Howard (Chairman)	San Francisco	1947
William A. Key	San Mateo	1948

Committee on Medical Economics

Howard W. Bosworth	Los Angeles	1946
Wayne J. Pollock	Sacramento	1947
H. Gordon MacLean (Chairman)	Oakland	1948

Committee on Medical Education and Medical Institutions

William J. Kerr	San Francisco	1946
B. O. Raulston (Chairman)	Los Angeles	1947
L. R. Chandler	San Francisco	1948

Committee on Organization and Membership

L. H. Redelings	San Diego	1946
Carl L. Mulfinger (Chairman)	Los Angeles	1947
Harold G. Trimble	Oakland	1948

Committee on Postgraduate Activities

F. E. Clough (Chairman)	San Bernardino	1946
H. F. Freidell	Santa Barbara	1947
John C. Ruddock	San Diego	1948
George H. Kress	ex officio	

Committee on Publications

George W. Walker (Chairman)	Fresno	1946
F. Burton Jones	Vallejo	1947
R. H. Sundberg	San Diego	1948
Secretary-Editor, ex officio		

Committee on Public Policy and Legislation

Edmund T. Remmen	Glendale	1946
Dwight H. Murray (Chairman)	Napa	1947
Lloyd E. Kindall	Oakland	1948
Association President	ex officio	
Association President-Elect	ex officio	

Advisory Committee

Junius B. Harris (Chairman)	Sacramento
H. R. Madeley (Vice-Chairman)	Vallejo
Wilson Stegeman	Santa Rosa

Committee on Scientific Work

George H. Kress (Chairman)	ex officio	
Fletcher B. Taylor	Oakland	1946
J. Homer Woolsey	Woodland	1947
Howard F. West	Los Angeles	1948
Francis L. Chamberlin	(ex officio, Sec'y, Section on Medicine)	
Eugene J. Joergensen	(ex officio, Sec'y, Section on Surgery)	

* * *

Editorial Board

For the Editorial Board, to serve during the coming year, the following group of members:

Chairman of the Board:

Albert J. Scholl, Los Angeles

Executive Committee:

Lambert B. Coblentz, San Francisco
H. J. Templeton, Oakland
Albert J. Scholl, Los Angeles
George W. Walker, Fresno

Anesthesiology:

William B. Neff, San Francisco
Roscoe C. Olmsted, Pasadena

Dermatology and Syphilology:

William H. Goeckerman, Los Angeles
H. J. Templeton, Oakland

Eye, Ear, Nose and Throat:

Frederick C. Cordes, San Francisco
Lawrence K. Gundrum, Los Angeles
George W. Walker, Fresno

General Medicine:
Lambert B. Coblentz, San Francisco
L. Dale Huffman, Hollywood
Mast, Wolfson, Monterey

General Surgery (including Orthopedics):
Frederic C. Bost, San Francisco
Fred D. Heegler, Napa
William P. Kroger, Los Angeles

Industrial Medicine and Surgery:
John D. Gillis, Los Angeles
John E. Kirkpatrick, San Francisco

Plastic Surgery:
William S. Kiskadden, Los Angeles
George W. Pierce, San Francisco

Neuropsychiatry:
Olga Bridgman, San Francisco
John B. Doyle, Los Angeles

Obstetrics and Gynecology:
Daniel G. Morton, San Francisco
Donald G. Tollefson, Los Angeles

Pediatrics:
William W. Belford, San Diego
William C. Deamer, San Francisco

Pathology and Bacteriology:
Alvin G. Foord, Pasadena
R. J. Packard, San Diego

Radiology:
R. R. Newell, San Francisco
John W. Crossan, Los Angeles

Urology:
Frank Hinman, San Francisco
Albert J. Scholl, Los Angeles

Pharmacology:
W. C. Cutting, Menlo Park
Clinton H. Thienes, Los Angeles

SPEAKER ASKEY: You have heard the nominations for unexpired terms and of members for 3 year terms on the Standing Committees. Is there a motion to approve this list of names read?

. . . It was so moved and seconded. . . .

SPEAKER ASKEY: Is there discussion?

. . . There being no discussion, the motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: It is carried and they are approved.

Reports of Reference Committees

We come now to the Reports of our various Reference Committees. First, is the Report of Reference Committee No. 1, on the Reports of Officers and Standing Committees, Dr. Paul Quaintance, Chairman.

* * *

Report of Reference Committee No. 1

DR. PAUL A. QUAINTANCE (Chairman): Mr. Speaker and Members of the House of Delegates: Your Reference Committee No. 1, consisting of Dr. Paul A. Quaintance, Dr. Glenn Curtis and Dr. Roger W. Barnes, has considered the items referred to it and respectfully submit the following report:

Section 1. *The Report of the General Officers:* The President, the President-elect, the Past President, the Speaker of the House of Delegates, the Vice-Speaker of the House of Delegates and the Chairman of the Council have been reviewed.

Unless someone wishes to discuss any of these reports, your Committee recommends that they be approved and filed.

Mr. Speaker, I move the adoption of this section of the report.

SPEAKER ASKEY: Dr. Quaintance, if you will allow me to suggest, I wish you would read your whole report first and then we will come back and move each section for adoption, and then the report as a whole, if you will, sir. I think it would give us a better idea of the whole report if we would do that.

DR. QUAINTANCE:

Section 2. *The Reports of the President of the "Trustees of the California Medical Association,"* the Auditing Committee, the Editor and the Legal Department have been reviewed. Your Committee recommends that these reports be approved and filed.

Section 3. *The Reports of the District Councilors and the Councilors-at-Large* have been considered. Your Committee especially commends those Councilors who have organized public education campaigns with respect to pending compulsory health insurance legislation and recommends that these reports be approved and filed.

Section 4. *The Reports of the Standing Committees* have been reviewed: Executive Committee; Committee on Health and Public Instruction; Committee on History and Obituaries; Committee on Hospitals, Dispensaries and Clinics; Committee on Industrial Practice; Committee on Medical Defense; Committee on Medical Economics; Committee on Organization and Membership; Committee on Publications; Committee on Public Policy and Legislation and Committee on Scientific Work.

Section 4a. Inasmuch as there is now no coördination between the *postgraduate activities of the Committee on Medical Education and Medical Institutions, and the Committee on Postgraduate Activities,* both of which sponsor postgraduate programs, your Committee recommends that the work of these two committees and of *any future committees which may be appointed* to deal with the same type of program, should be correlated to a greater extent. It is further recommended that these committees attempt to work in liaison with the postgraduate medical organizations or committees throughout the State, whether they be sponsored by the C.M.A. or independent groups.

Your Committee recommends the approval of the reports of these committees.

Sectoin 5. The *Reports of the Special Committees* have been reviewed: Committee on Maternity-Pediatric Plan of Federal Children's Bureau (E.M.I.C.); Committee on Physicians' Benevolence; Special Liaison Committee on Medical and Hospital Plans in California; Advisory Committee to the California Bureau of Vocational Rehabilitation; Liaison Representative to California Veterans' Committee. Your Committee recommends that the efforts to adjust present difficulties with the Children's Bureau of the United States Department of Labor with respect to the hanging of this E.M.I.C. program and the compensation of participating physicians in California be continued.

Your Committee recommends that the reports be approved and filed.

Section 5a. The *Report of the Committee on the Industrial Fee Table* by Hartley F. Peart and the *Committee on Proposed Changes in the Industrial Accident Commission Fee Schedule* by Dr. Nelson J. Howard, have been considered jointly. Your Committee affirms the stand taken by Dr. Howard in his conversations with representatives of the Workmen's Compensation Insurance companies that the physicians of California would not accept a flat fee industrial accident schedule. Your Committee believes that the 15 per cent surcharge ordered by the Industrial Accident Commission is inadequate.

It is recommended that efforts be continued to obtain revisions of the Industrial Accident Fee Schedule to meet present day standards.

Your Committee recommends that these reports be approved and filed.

Section 5b. The *Report of the Committee on Participation of the Medical Profession in the War Effort; Procurement and Assignment Service* has been reviewed. Your Committee also recommends that a special location and re-location committee be created to cope with the remaining problems of distribution of physicians at the present time and following the present war emergency.

Section 5c. The *Report of the Committee on Postwar Plans of Medical Service and Social Security* has been reviewed. Your Committee recommends that active work within the scope of this Committee be carried on throughout the coming year.

Section 5d. The *Report of the Liaison Group to A.M.A. Council on Medical Service and Public Relations* has been reviewed. Your Committee commends Dr. Murray for his untiring and efficient service which he has given to the United Public Health League and for the assistance and stimuli the League has given to the A.M.A. Council on Medical Service and Public Relations.

Mr. Chairman, your Committee recommends the approval of these reports.

I move the adoption of the report.

SPEAKER ASKEY: You have heard the motion of the Chairman of this Committee that the report as a whole be adopted. If there is any desire to take it up, section by section, it will be granted but is there a second to adopt the report as a whole?

. . . The motion was variously seconded. . . .

SPEAKER ASKEY: Is there discussion?

. . . There being no discussion, the motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: Thank you, Dr. Quaintance.

* * *

Report of Reference Committee No. 2

Next is the Report of Reference Committee No. 2 on Report of the Council, Report of the Secretary-Treasurer, and the Executive Secretary.

Dr. A. E. Moore!

* * *

DR. A. E. MOORE (Chairman): Mr. Speaker: Your Committee has met and considered its assigned material and would like to render the following report

Item 1: Report of the Council.

The Committee recommends the approval of the Report of the Council as printed. Special attention is called to the section on the United Public Health League. It is recommended that the House of Delegates go on record as approving the action of the Council in the continued further support of this activity.

I move the adoption of the Report of the Council as presented.

. . . The motion was seconded, and, there being no discussion, it was put to a vote and carried. . ..

SPEAKER ASKEY: The motion is carried and this section of the report is adopted.

DR. MOORE: Under item 1, Report of the Council, Section b, your Committee has considered the *Supplementary Report of the Council regarding the American Cancer Society* which has been presented in the form of a resolution. We recommend the deletion of paragraph five of this resolution as submitted which reads as follows:

"5. These tumor clinics make no charge for services and the members are not paid. The only cost of the patient is a small fee (usually about fifty cents) to cover stenographic and record expense.

"In view of the foregoing, it is the opinion of the California Medical Association that the establishment of so-called cancer prevention clinics is unnecessary; and, it is, therefore,

"Resolved, That the California Medical Association therefore declines to endorse them."

The resolution as recommended now reads as follows:

Resolution Re: American Cancer Society

WHEREAS, The American Cancer Society has requested the "approval and assistance" of the C.M.A. and its aid in having component county societies establish "Prevention Clinics," the C.M.A. makes the following statement:

The California Medical Association is aware of the constant increase in the ravages of cancer and is deeply concerned with the prevention and cure of this disease. The Association heartily endorses all serious attempts directed toward early diagnosis and adequate treatment and directs attention to the following considerations:

1. Early and accurate diagnosis of cancer is essential if the disease is to be controlled.

2. Such diagnosis may require quite extensive facilities including microscopy and x-ray studies.

3. Tumor clinics sponsored by the American College of Surgeons are in existence all over California and these clinics have easy access to the special services required.

4. The C.M.A. urges any person who suspects that he may be suffering from cancer to seek out his private physician or such tumor clinics and to present himself for examination.

5. The prevention clinics of the American Cancer Society are still in a highly experimental stage and are not under the direct supervision of the American College of Surgeons.

Therefore, be it

Resolved, That the C.M.A. declines to endorse these prevention clinics at this time, and that the component county societies be so notified; and, be it

Further Resolved, That the plan of the American Cancer Society prevention clinics be referred to the Cancer Commission of the C.M.A. for further study and early report to the Council.

I move the adoption of this resolution.

SPEAKER ASKEY: You have heard the motion to adopt this section of the report which adopts this substitute resolution. Is there a second?

DR. BRUCK: I second the motion.

SPEAKER ASKEY: Is there discussion in regard to this?

. . . The question was called for, the motion was put to a vote and it was carried. . . .

SPEAKER ASKEY: The motion is carried. This section of the report is adopted. Proceed.

* * *

DR. MOORE: *Item 2: Report of the Secretary-Treasurer.*

Your Committee has reviewed the Report of the Secretary-Treasurer including the report of the Certified Public Accountant and recommends its adoption with commendation on the favorable cash surplus, especially in view of the large expenditures during the past year in connection with public relations and legislation.

I move the adoption of this section.

DR. TOLLEFSON (Los Angeles): I second the motion.

SPEAKER ASKEY: Is there discussion in regard to the motion?

. . . There being no discussion, the motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: This section of the Report is adopted. Proceed, Mr. Chairman.

DR. MOORE: Item 3.

Your Committee has reviewed and considered the *Report of the Executive Secretary* including the supplementary report concerning malpractice insurance premiums.

The Committee recommends that all information obtained by the various county medical societies of the State during the past year be sought out and made available to the Council before final action is taken.

I move that this section be adopted.

SPEAKER ASKEY: There is a motion to adopt this section of the report. Is there a second?

DR. J. M. DE LOS REYES (Los Angeles): Second the motion.

SPEAKER ASKEY: Is there discussion?

. . . There being no discussion, the motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: The motion is carried.

Do you move the adoption of the report as a whole?

DR. MOORE: I so move.

SPEAKER ASKEY: The Chairman moves the adoption of the report as a whole. Is there a second?

. . . The motion was seconded, put to a vote and unanimously carried. . . .

SPEAKER ASKEY: The report as a whole is adopted.

Thank you, Dr. Moore.

We come now to the Report of Reference Committee No. 3, Resolutions, Amendments to the Constitution and By-Laws, New and Miscellaneous Business. Dr. Chandler, Chairman!

* * *

Report of Reference Committee No. 3

DR. L. R. CHANDLER (Chairman): Mimeographed copies of the report have been passed around to you. I wish to call your attention to the fact that after they were typed by the efficient staff of the C.M.A. office, the Committee had a final meeting to review the report and made a change in the Committee's recommendation on Resolution No. 4 which I will read when we get to that section of the Report. I will read the amended recommendation which is not the same as the one on the mimeographed sheet.

Inasmuch as each of these resolutions is mimeographed in this report, as the original resolution was presented verbatim, I would appreciate it if I don't have to read the original resolution each time and unless so instructed by the Chair, I will not read it.

Mr. Speaker and Members of the House: The members of Reference Committee No. 3, Dr. Samuel Ayres and Dr. Templeton and myself, in considering all matters of business referred to it have consulted with many members of the House of Delegates and several members of the Council of the California Medical Association and submit the following report:

Constitutional Amendment No. 1

Re: Past-President to not be a member of Council.
(Printed in March C. and W. M., on page 123.)

You have it before you; it has been printed and held over for a year. Your Committee recommends that this amendment be adopted.

Mr. Speaker, I move the adoption of this portion of the report.

SPEAKER ASKEY: This will require a little different procedure in view of the fact that a motion for adoption of an Amendment to the Constitution must be put to a vote and it requires a two-thirds vote of all those voting. It does not mean all of those present but two-thirds of those voting in order for it to be adopted. It must be adopted as written and published.

. . . The motion was put to a vote and it was carried unanimously. . . .

SPEAKER ASKEY: There being no adverse votes, and two-thirds, the majority of those voting, voting for it, it is adopted. Proceed, Mr. Chairman.

* * *

DR. CHANDLER: Constitutional Amendment No. 2 as printed. It has to do with the authority of the Council to provide for *Retired Memberships.* The Committee recommends that this Amendment be adopted.

SPEAKER ASKEY: The vote before you is whether you wish to adopt this Amendment No. 2 as presented. It is the recommendation of your Committee that it be adopted. It requires a two-thirds vote of those voting in order to adopt it. (Printed in March, 1945, C and W. M., on page 123.)

All of those in favor of the adoption of this Amendment of the Constitution say "aye," opposed "no."

. . . It was put to a vote and it was carried. . . .

SPEAKER ASKEY: There being no adverse vote and two-thirds of those voting, it is adopted.

* * *

Will you proceed, Mr. Chairman, and then you may consider your sections from here on as you had started?

DR. CHANDLER: There was a resolution submitted as part of the Supplementary Report of the Council made yesterday, May 6th, to the House of Delegates. This resolution was withdrawn by the Council. No action was taken.

* * *

Resolution No. I.—Concerning Principle Involved in Medical Practice

For resolution, as introduced, see page 327.

Resolution No. 1 was introduced by Joseph F. Griggs of Los Angeles. It is printed in detail as submitted. The Committee is in accord with the principles contained in this resolution but is advised that similar principles already have been considered and adopted by the California Medical Association. Therefore, *your Committee recommends that this Resolution be not adopted.*

Mr. Chairman, I move the adoption of this portion of the report.

SPEAKER ASKEY: Is there a second to the motion?

. . . The motion was seconded. . . .

SPEAKER ASKEY: Is there discussion on the motion which is that this section of the report be adopted. You see, this resolution would be defeated in your accepting the recommendation which is that it be not adopted. Do you understand that?

. . . The motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: This section of the report is adopted.

* * *

Resolution No. II.—Concerning Spokesmen for A.M.A.

For resolution, as introduced, see page 327.

DR. CHANDLER: Resolution No. 2 introduced by Dr. Edwin L. Bruck.

After thorough consideration and considerable advice, your Committee submits the *following amended resolution.* I will read it.

WHEREAS, The American Medical Association has created a Council on Public Relations, known as Council on Medical Service and Public Relations which council is charged with the responsibility of representing the American Medical Association to the public and governmental agencies of the United States; and

WHEREAS, The presentation of the official point of view of the American Medical Association by other councils, committees and individuals, leads but to confusion and to different and divergent views, with the effect of apparent disunity in the profession; and

WHEREAS, At this time the profession is in need of greater unity than ever before in its history; therefore, be it

***Resolved,* That the Council on Medical Service and Public Relations shall be the sole agency for presentation of the attitude of the American Medical Association relative to matters in which the organized profession should or must make representation to the public or to the government; and, be it**

***Further Resolved,* That the California member of the Board of Trustees of the American Medical Association is requested to present this resolution to the Board of Trustees of the Amreican Medical Association at its next regular meeting.**

The Committee recommends the adoption of the amended resolution.

Mr. Chairman, I move the adoption of this section of the report.

. . . The motion was seconded. . . .

SPEAKER ASKEY: You have heard the motion. Is there discussion?

DR. GOIN: I think there is going to be a considerable amount of difficulty if we try to instruct the California representative to the Board of Trustees. There isn't any such. Dr. Peers is a Trustee but this House has no authority to instruct him to do anything whatever and, if anything at all can be achieved, I do not think it can be done that way.

I *move*, therefore, *to amend* by striking that last "Resolved" and substituting therefor the last two "Resolveds" of the original resolution.

DR. BRUCK: I second the motion.

SPEAKER ASKEY: You understand now that before you is the discussion of the amendment.

DR. CHANDLER: May I speak to the amendment?

SPEAKER ASKEY: Dr. Chandler!

DR. CHANDLER: You will note the Committee does not recommend that the California member of the Board of Trustees be instructed to do anything. He is requested to present it.

SPEAKER ASKEY: Is there further question in regard to that?

DR. BRUCK: The idea in proposing this resolution to the House of Delegates yesterday is the result of a lot of thought and a long time of thinking. In the first place, I think there is no question in anybody's mind what we are trying to get at. If there is, I would like to enlighten you just a little bit. There has been so much of out-of-turn talking and out-of-turn speaking and cracks at various things that go on from certain parties and certain officers of the A.M.A. and that has gotten the American Medical Association into disrepute with every governmental agency of the United States at the present time. To support my contention, I believe you should have read the report and have heard the report of Dr. Murray and the members of the United Public Health League and Mr. Ben Read. They have supported everything we have had to say previously.

Since our resolution of last year, although it was defeated numerically, it was agreed we have noticed that there has not been so much of this. It seems to me that the only way a woodpecker gets any place is to keep pecking at something.

SPEAKER ASKEY: Is there further discussion on the *motion which is to substitute the two paragraphs* of the original motion for the last pargaraph of the substitute resolution?

. . . The question was called for. . . .

SPEAKER ASKEY: The question is to the amendment. All in favor of the adoption of the amendment will say "aye," opposed "no." . . .

. . . The motion was put to a vote and it was carried. . .

SPEAKER ASKEY: In the Chair's opinion the amendment is carried.

Mr. Chairman, will you proceed?

DR. CHANDLER: *The amended resolution as it now stands to be voted upon* consists of the first "Resolved" in the original resolution and the last two "Resolveds" in the original resolution.

I move the adoption of this portion of the report.

SPEAKER ASKEY: The motion is before you. Is there further discussion? If not, the question is before you of the adoption of the resolution as amended.

. . . The motion was put to a vote and it was carried. . .

SPEAKER ASKEY: It is adopted. Will you proceed, sir?

* * *

Resolution No. III.—Concerning Full-Time Employees of A.M.A.

For resolution, as introduced, see page 328.

DR. CHANDLER: Resolution No. 3 was introduced by Edwin L. Bruck of San Francisco. The resolution as originally presented is printed and is before you.

After securing considerable advice and canvassing the opinion of several delegates, the numbers of the Reference Committee believe it highly improbable to secure favorable action on this resolution by the American Medical Association and therefore *recommend that it be not adopted.*

I move the adoption of this portion of the report.

SPEAKER ASKEY: You have heard the motion. Is there a second?

DR. C. G. TOLAND (Los Angeles): I second the motion.

SPEAKER ASKEY: Is there any discussion on the motion which is to adopt this section of the report which recommends that Resolution No. 3 be not adopted.

DR. CLINE: I would like to *amend the motion* to place again before the House the original resolution as introduced by Dr. Bruck.

SPEAKER ASKEY: Dr. Cline, the action before the House would be to defeat the recommendation of the Chairman which leaves the original resolution before the House.

DR. CLINE: In order to make it clear, I would amend the motion of the Chairman of the Reference Committee to the effect that the report include the original resolution of Dr. Bruck.

SPEAKER ASKEY: In other words, the Chair believes that what Dr. Cline means by that is that he wishes *the original resolution to stand and become a matter of record.* Is that correct, Dr. Cline?

DR. CLINE: That is the intent.

SPEAKER ASKEY: Is there further discussion? Dr. Templeton!

DR. TEMPLETON: I speak as a member of Reference Committee No. 3. Dr. Peers, our Trustee of the American Medical Association, appeared before this Committee and strongly recommended that we not send this to the American Medical Association in its original form. He said that the California delegation had taken a terrific beating last year on motions that meant somewhat the same thing; at least, they had somewhat of the general spirit back of it, and he felt that we had no chance, and not the chance of the proverbial snowball, of putting this through. He asked that it not be sent to Chicago. I have a great deal of respect for his judgment.

SPEAKER ASKEY: To clarify the whole situation, the Speaker will rephrase Dr. Cline's amendment which is this: If you strike out the words "not adopted" in the report it will read that it be adopted. You see, the only change the amendment makes is to strike out the word "not" in the Committee's report. Is that satisfactory to the maker of the amendment?

DR. BRUCK: If that amendment carries, then it means that still the members of the Reference Committee believe it highly improbable to secure favorable action on this resolution by the American Medical Association, and, therefore, recommend that it be adopted. That does not make sense.

DR. PEERS: Mr. Speaker and Members of the House: I was very sorry when my friend, Ed Bruck, brought in that resolution. I went up before the Committee last night and told them I wanted to speak to them in regard to this resolution. I will have to use names. The Chairman of the Committee said, "Bob, you are not here to defend Fishbein, are you?" I said, "I am not here to defend any individual; I am here to defend the California Medical Association." I said that because I think if we pass this resolution and dig it up before the American Medical Association House of Delegates we are just going to get another good swift kick like we did last

year. I would hate to see that happen. We certainly lost a lot of prestige because of what happened last year. When I say that, I do not mean to criticize the men who brought in the resolution last year. I know everyone is an honest gentleman and everyone thought he was doing the best thing for organized medicine but I think it was a mistake. I think it would be a mistake for this House of Delegates to do this this year. We were working hard. I am going to work hard to get the California delegation back in the respect of the members of the House of Delegates of the American Medical Association. I think this would be a very bad thing. Everybody knows what it is. They are attacking a single person.

If you want to change things; if you want to get rid of this particular person, then you should change the personnel of the Board of Trustees of the American Medical Association. That can be done. That can be done, all right, if it is the demand of the medical profession of the United States. As I say, I was sorry Dr. Bruck brought it in. I have great respect for him. I know he is an honest gentleman. I think he thinks he is doing the very best thing for organized medicine but I think, Ed, you are making a mistake.

DR. CASS: May I say something? As a member of the American Medical Association House of Delegates from California, I will state that we had a caucus of our delegates Saturday noon. Two of the members were not there but they were very much in the minority. The feeling of the group of delegates who are going to represent you at the American Medical Association is that if we go back there and repudiate and crawl along on our hands and knees: "We are sorry, Dr. Fishbein, for what we did last year"; we have lost a lot of face, but if we still believe in the action we took last year, we may go back there and get another kick in the pants but the reverberations of the slugging we gave Fishbein have not died down yet or at all. I think Dr. Murray's meeting with the National Health League did a great deal toward making Fishbein pull in his horns.

Although this resolution infers to us that we mean Fishbein, it doesn't mention him by name. It says "all of our full-time help, all of the full-time employees of the American Medical Association shall confine their activities to American Medical Association business," and it means they shall not go outside getting money for what they do on the outside. That will take in a lot of territory.

There are a lot of other employees of the American Medical Association but to those who know what we mean and whom we mean, it will show we still stand by our convictions and we would like to see Dr. Bruck's resolution passed in its original form. That is Resolution No. 3. I still believe that, although Dr. Peers disagrees, our delegation is strong. Men like Cline, Bruck. Murray and the rest of them are not afraid to speak their piece. Askey and Goin are not weak sisters and a kick in the pants wouldn't hurt them a bit. They are used to it.

I urge we pass this resolution and permit the California delegation to go back and continue their attack on what we think is wrong back there.

SPEAKER ASKEY: Dr. Gilman!

DR. GILMAN: Mr. Speaker: Possibly to expedite the matter, the thought has occurred to me that we might *lay this on the table* and, if that motion passes, I have another motion to make. I so move.

SPEAKER ASKEY: Is there a second to the motion to table that section of the report?

DR. RUDDICK: I will second the motion.

SPEAKER ASKEY: This is a motion to table and it is not debatable. This is a motion to table the last paragraph on that page, reading:

"After securing considerable advice and canvassing the opinion of several delegates, the members of the Reference Committee believe it highly improbable to secure favorable action on this resolution by the American Medical Assocaition and therefore recommend it be not adopted."

DR. REMMEN: Is it proper to table part of a resolution?

SPEAKER ASKEY: You are certainly able to table it, yes.

Is there a further point of order? No discussion is allowed.

All those in favor of tabling that part of the Committee's report will say "aye," opposed "no." . . .

. . . The motion was put to a vote and it carried. . . .

SPEAKER ASKEY: The motion is tabled.

Do you wish the floor, Dr. Gilman?

DR. GILMAN: I would now like to *move the adoption of Resolution No. 3, introduced by Edwin L. Bruck, M.D.*, San Francisco.

. . . The motion was seconded. . . .

SPEAKER ASKEY: Is there discussion on the motion? It is debatable

DR. A. E. BLONDIN (San Diego): I would like to apply a little experience within our own California Medical Association to the problem within the American Medical Association. The San Diego delegation came to Los Angeles two years ago and received a terrible beating and a terrible series of kicks in the pants. I do not believe our delegation to the American Medical Association received any more of a beating than we took, however, during the next year circumstances came about so that we came back next year and we were received with open arms and have not been beaten since. As a matter of fact, one of our men has been honored by being elected your President this year. I think we made friends and, incidentally, during the next year we secured our point. I would like to support what Dr. Cass has said. I think the beating that the California delegation took at the Amercian Medical Association last year has done good and has made friends for us. I believe if we go back in the same way stating the same problems we might get somewhere and maybe circumstances have come back during the year so that we will not get such a beating as we took last time.

I would like to see this motion adopted.

SPEAKER ASKEY: Is there further discussion? Dr. Murray!

DR. DWIGHT MURRAY: Mr. Speaker and Members of the House of Delegates: Since I was one who received part of the kicking last year, I think I ought to tell you how much it hurt. However, I soon forgot it.

I would like to report just briefly on a recent trip that Dr. Green and myself made to Portland at which time we had conference with two of the members of the Committee of the American Medical Association on Medical Service and Public Relations. It was the first time I had seen them since I received this kick in the pants and I said to them very jokingly, "I am surprised that you would even speak to me." Well, one of them said, "Come over here; I want to buy you a drink and I want to tell you how much we think of you. Don't think for a minute you disgraced yourself back there. I want to tell you that there was a certain individual by the name of Dr. Fishbein who never felt that anybody would have the temerity to introduce such a resolution before the House of the American Medical Association."

Since that resolution was introduced and since it was a fact that he was very much worried and alarmed about the whole situation, his attitude has definitely changed. I quite agree with what Dr. Bruck has said about the woodpecker—that he gets no place probably except by

keeping on pecking. I hate to disagree with Dr. Peers. He was a member of our delegation last year. He voted with our delegation and he supported us all he could. We appreciate that. We are glad we have a man from California who is a member of our Board of Trustees but I think if we will keep on we will have the same effect, perhaps, on the Board of Trustees as we had upon the Council on Medical Service and Public Relations, of getting them to establish a Washington office. Thank you.

SPEAKER ASKEY: Is there further discussion on the question?

DR. JOHN HUNT SHEPARD (Santa Clara County): Mr. Chairman and Members of the House of Delegates: In the past I have had the honor of representing this society as a member of their delegation to the A.M.A. on five different occasions during which time there was a most hectic meeting back there. One of the special meetings was called for considering the question of some of this legislation. Many of the members of the Board of Trustees of the American Medical Association throughout the United States were, at that time, personal friends of mine I hope I can say that they are today.

A few years ago when various articles were appearing in various newspapers entitled, "Your Health," I took it upon myself to clip a number of those articles from the papers. I put them in a little folder and presented them to the Council of the American Medical Association. That was the beginning of the fight of the C.M.A. against some of the actions and conduct of the members of the A.M.A. I am personally acquainted and have been for years with Morris and with many persons connected with the Association. I know that there is only one way to straighten out what many of us consider a mess in the A.M.A. and that is not to pull our guns.

I do not think there was ever any delegation to the A.M.A. that received more panning than the delegation to which I belonged when we met in Atlantic City. If there ever were two delegates that got panned right it was Ed Pallette and myself and that panning continued for some little time.

I am whole-heartedly in support of this resolution of Ed Bruck's. I want to congratulate him on the manner in which it is worded. I hope the Association will send our delegation back there instructed to fight to the end and, if they are beaten, they will take it as happily as Ed Pallette and I took it. Thank you.

SPEAKER ASKEY: Is there further discussion on the motion?

. . . The question was called for. . . .

SPEAKER ASKEY: All of those in *favor of the motion, which is to adopt Resolution No. 3 as originally introduced* by Dr. Edwin L. Bruck, say "aye" and those opposed "no."

. . . The motion was put to a vote and it was carried. . .

SPEAKER ASKEY: The motion is carried.

Mr. Chairman, will you proceed.

* * *

Resolution No. IV.—Concerning American Association of Physicians and Surgeons

For resolution, as introduced, see page 328.

DR. CHANDLER: Resolution No. 4 introduced by Delegates of the First District.

It is printed therein in full and your Committee submits the *following substitute resolution:*

Re: American Association of Physicians and Surgeons

Resolved, **That consideration of the policies promulgated by the American Association of Physicians and Surgeons be referred to a special committee appointed by the Speaker of the House of Delegates for further study; this committee to consist of not less than nine members and to be thoroughly representative of the entire membership of the California Medical Association. This Committee shall be instructed to report its first findings to the Council within 90 days and the Council shall make such recommendations to the House of Delegates as it considers proper.**

This resolution is not contained in your mimeographed form.

Mr. Chariman, I move the adoption of this section of the report.

SPEAKER ASKEY: Is there a second?

. . . The motion was variously seconded. . . .

SPEAKER ASKEY: Is there discussion on the motion to adopt this section of the report which is the appointment of a special committee of nine members by the Speaker of the House to study and report to the Council within 90 days.

If there is no discussion, all of those in favor, will say "aye," opposed "no."

. . . The motion was put to a vote and it was carried. . .

SPEAKER ASKEY: It is adopted. Proceed.

* * *

Resolution No. V.—Advisory Planning Committee of the California Medical Association

For resolution, as introduced, see page 328.

DR. CHANDLER: Resolution No. 5 introduced by Dr. Regan would create an Advisory Committee of the California Medical Association. Your Committee, by a vote of two to one, Dr. Ayres dissenting, submit the *following substitute resolution:*

Be It Resolved, **That the Council of the California Medical Association at all times shall make every possible use of all technical experts available to it, either directly or through its component county societies.**

Mr. Speaker, I move the adoption of this section of the report.

SPEAKER ASKEY: You have heard the motion. Is there a second?

. . . The motion was variously seconded. . . .

SPEAKER ASKEY: Now it is open for discussion.

DR. AYRES: Mr. Speaker and Members fo the House: This resolution was presented by the Southern Delegation because we have felt that there is a distinct need for correlation in a study of some of the problems in economics and politics that we, as physicians, don't have time to go into. The only opposition which appeared to arise to the formation of the suggested committee of at least five members was the statement that, after all, the same men are functioning and, therefore, no committee is now needed. We, however, have felt, at least I have felt and others of the Southern Delegation have felt that this is not an adequate substitute for the formation of a definite committee. This Committee's purpose would be to be an Advisory Committee and it is not over anybody. They will not dictate to anybody. It will consist of men who are thoroughly qualified to interpret the public to the medical profession and to interpret the medical profession to the public.

It is true that the Council has selected an expert public relations man whose report you heard yesterday. I have no doubt that choice was a wise one and that this expert will be able to carry on an active campaign explaining to the public what we want but I can see of no possible harm in having this addition to this one man, a committee composed of five men such as, for instance, Mr. Ben Read, Mr. Hunton, Mr. Hassard and Mr. Cochems or Mr. Ebersole who have been for a long time familiar with these problems. This Committee would meet at regular intervals and discuss the various aspects of the problems. One man of that number, either Mr. Cochems or Mr. Ebersole, may be a public relations ex-

pert. Mr. Hassard may be a legal authority and so forth. It has various aspects and it seems to me it would be highly profitable for those men to meet together and consult with one another and then meet with the Council and present their findings before the Council. It would be perfectly possible to spend half a million or even a million dollars in an extensive campaign of advertising, billboards, newspapers and so forth and still not obtain the objective we want.

It was thought, for instance, putting all kinds of efforts behind a certain candidate for Governor would assure the medical profession we needn't have to worry about compulsory health insurance any more. Personally, I have always felt it a mistake to participate individually in political matters. I think this is a very appropriate time to find out who the likely candidates for Governor are going to be in both parties. Such things like that could very well be the concern of this Committee.

As I recall the statement made by our public relations man yesterday, there was no statement made of any effort to seek any kind of coöperation or understanding with any of the labor groups. That may seem a rather hopeless task at this stage of the game. I think it would be possible to approach not necessarily labor leaders but men who are recognized by the leaders of labor. I can cite several for you. There is in Los Angeles County a member of our Board of Supervisors. He has the respect of labor and I think it would be far better to bend a lot of our efforts toward influencing people of that sort and through them filter down to the labor movement.

There is no particular point, as far as I can see, in making this a class war. We are not fighting labor. We are not fighting lawyers. We are not fighting things. We are fighting for the things we believe right and proper.

Another argument why a committee such as this should be in existence is because it will be able to correlate all the little details, find out what the public is thinking in various aspects, and by doing this the Council will have this information for their consideration.

The Council can get rid of these men if they want to. This committee need not consist of these individuals I mentioned. It just seemed to me desirable.

I would favor the adoption of this resolution as originally presented.

SPEAKER ASKEY: Is there further discussion on the motion which is before you? Dr. Shephard!

DR. SHEPHARD: I, perhaps, should apologize by referring to past experiences which I had when I was a representative to the American Medical Association. There was a time when Dr. Mason was installed President while sick in bed when he was succeeded by Gordon Heyd of New York. At that meeting one day there was a group of us who were discussing some of our future plans for the A.M.A. I brought up the question of the way the medical profession of the state and of American was being run. You and I and the rest of us are all too busy practicing medicine to give due time and consideration to the various wide problems involved in the public relationship of the medical profession to the public.

You may also remember that in 1938 at the order of the Santa Clara County Medical Society I introduced a resolution before this House to raise our dues to $75.00 per year for the organization of a Public Relations Committee to spread the knowledge which we have for the welfare of the people. It was voted down and a small assessment of $10.00 per year was passed. There was only a small percentage of the men who did not pay that assessment.

I am most whole-heartedly in favor of this resolution of Dr. Ayres. It is a step forward. It is the second step which the Association has made in regard to straightening out some of our difficulties. The first step was made along that line when we had the fight to get an Executive Secretary. That came up before the Council of the California Medical Association for several years. I remember when I was a member of the Council. Dr. Shoemaker and I fought to do the same thing. We were voted down. We were passed over but we kept on fighting. Subsequently, the Council did see fit to put in an Executive Secretary, Mr. Hunton, and I believe all of us agree it was one of the best moves this Association ever made.

I think this resolution establishes this so-called Planning Committee to be composed of men of business, not of the profession, who can get the pulse of the public, who can see what they should do, and I think it is the most marvelous step forward.

Since we have just voted to raise our dues to $100.00, I am certain that the Council had in mind using a large percentage of that increase in dues to carry on the same ideals and plans which were embodied in the resolution which I had the honor of introducing in 1938 raising it to $75.00 per year per man.

I am most heartily in favor of this resolution. I trust that it will be heartily supported.

SPEAKER ASKEY: Is there further discussion on the motion that is before you? If not, the question will be put. For your clarification, the motion before you is to adopt the recommendation of the Committee which is the substitute resolution.

DR. REMMEN: I move that we take a recess in order to allow the Los Angeles delegation to caucus.

SPEAKER ASKEY: You do not need a motion for that. If you request it, it will be granted. For what period do you wish it?

DR. REMMEN: I would like about ten minutes.

Recess:

. . . A ten minute recess was had. . . .

SPEAKER ASKEY: The House is out of recess and is now constituted for business again.

At this time there is before you the motion to adopt the recommendation of the Committee which would be the adoption of the substitute resolution. Is there further discussion on this?

DR. JESSE L. CARR (San Francisco): Mr. Speaker: . . .

I want to speak to this Resolution No. 5. With the exception of one paragraph, I believe it is a splendid resolution. With this resolution we will not be either too late or with too little. I believe it would be a detriment to the resolution to name the individuals who are to serve. If we can amend that resolution and change that paragraph to the following—

SPEAKER ASKEY: Dr. Carr, the Chair will rule you out of order. We are speaking now to the motion which is to adopt the substitute resolution which, if adopted, will mean that this other matter will come up later. Dr. Carr is speaking now to Resolution No. 5. The motion before you is to adopt the substitute resolution. If it is adopted the whole thing would be out and the floor would be open to New Business. Is there further discussion on the motion before you?

. . . The question was called for. . . .

SPEAKER ASKEY: The question before you is on the motion to adopt the section of the Committee's Report with the *substitute resolution.*

. . . There being no further discussion, the motion was put to a vote and it was not carried. . . .

SPEAKER ASKEY: The motion is lost.

DR. REGAN: Mr. Speaker, I *move to amend Resolution No. 5* as printed in respect to paragraph 2 of the resolution to read:

3. That the Advisory Planning Committee of the California Medical Association shall consist of the Associate Legal Counsel, the Executive Secretary of the Alameda County Medical Association, the Executive Secretary of the Los Angeles County Medical Association, the Executive Secretary of the California Medical Association, the Executive Secretary of the Public Health League of California, the special representative of the Council of the California Medical Association, and such other lay employees of the California Medical Association or component societies as the Council may see fit to appoint.

SPEAKER ASKEY: There is a motion to adopt Resolution No. 5 with the amendment as stated. Is there a second?

DR. CARR: I second the motion.

SPEAKER ASKEY: It is now open for discussion.

. . . There being no discussion, the motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: It is adopted. The motion is now before you to adopt the resolution as amended.

. . . The motion was put to a vote and it was unanimously carried. . . .

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Resolution No. VI.—Concerning Christian Science Practitioners

For resolution, as introduced, see page 329.

DR. CHANDLER: Resolution No. 6, introduced by Dr. Carr. This resolution is before you. I will not read it. Your Committee recommends that this *resolution be not adopted.*

I move the adoption of this section of the report.

. . . The motion was seconded. . . .

SPEAKER ASKEY: You have heard the motion. Is there any discussion? Dr. Carr!

DR. CARR: I realize as well as you do the fallacy of this resolution and it was not introduced with the presumption under any circumstances that Reference Committee No. 3 would move its adoption.

There are certain implications that you should be told about and it was with that idea in mind that I introduced the resolution. Dr. Delprat chided me on it. I promised to tell him a short story and I will make it short because the time is short. It has to do with Christian Science activities and particularly with our experience with them. Number 1, they die. So many people die and with the same diseases. They die unattended. It is their common practice, after they have died, to call a physician, one of us, to sign the death certificate because Christian Science Practitioners are unable to do so. In most cases today, the physician signs the death certificate which is not only unethical but it is illegal.

Point 2. After they die, particularly at the Health Home at San Francisco, they are held there until midnight because of political pressure. The Coroner's Wagon does not come within the grounds of the Health Home so the wagon is parked approximately three blocks from the Home and the two deputies and an investigator take the stretcher and carry it three blocks to the basement door which is locked; that is opened by the matron who pussy-foots up the back stairs, and there is a guard at each door on that floor, and there we get the body and take it out at the dead of night. We finally put the body in the ambulance after having carried it three blocks and then it is spirited away to the Coroner's office at approximately 1 A.M. I think that is funny.

Many of these people are dying from cancer, pneumonia and communicable diseases.

The medical value of such a resolution is, frankly and honestly, practically nil because not many of them have epidemic meningitis and not many of them have typhoid, although quite a few of them have diphtheria. The practical factor, however, is they are carrying communicable diseases and, without warning, they are allowed to walk the streets and no one knows what they have until it is too late. They are a public health hazard. This is not guesswork but it is real.

The third part of this is the political force that can be engendered by antagonizing these Christian Scientists. I have no compunction in saying that I think they are not valuable people to the commonwealth. I hope to see the day when there will be legislative action so that these Christian Scientists will not endanger our population. They are a detriment and they are a powerful force behind this compulsory health insurance. There is a possibility they may be included.

Finally, may I call your attention to this simple fact. They are the people who are sponsoring anti-vivisection. They are now engaged in collecting funds and circularizing the entire United States in the interest of the anti-vivisection movement.

That is my purpose in introducing this resolution. I realize that there are legal implications but they are not what you think because slander is only that which is said without truth. I have a list of some 150 cases in my pocket which run all the way from tuberculosis to a man who was dead four days and his wife thought he was getting better because his color was changing.

SPEAKER ASKEY: Is there further discussion on the motion of the Committee Chairman?

. . . There being no further discussion, the motion was put to a vote and it was carried. . . .

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Resolution No. VII.—Concerning Chiropractors

For resolution, as introduced, see page 329.

DR. CHANDLER: Resolution No. 7, introduced by Dr. Carr of San Francisco. Your Committee recommends that the *resolution be laid on the table.*

I recommend the adoption of this part of the report.

SPEAKER ASKEY: Is there a second to the motion to table?

. . . The motion was seconded. . . .

SPEAKER ASKEY: The motion is not debatable.

. . . The motion was put to a vote and it was carried. . .

SPEAKER ASKEY: It is tabled.

Will you proceed, Dr. Chandler?

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Resolution No. VIII.—Concerning California Physicians' Service

For resolution, as introduced, see page 329.

DR. CHANDLER: Resolution No. 8, introduced by Bryant R. Simpson of San Dieg.o This resolution was withdrawn by Doctor Simpson in view of action taken by the Council of the California Medical Association. The Committee is of the opinion that it would be of considerable value to the House of Delegates if a representative of the Council would explain its action. It is entirely up to the Council whether they care to do that or not.

SPEAKER ASKEY: If there is no objection, the resolution will be withdrawn. I hear no objection. It is withdrawn. Proceed, sir.

DR. CHANDLER: That isn't the question.

DR. GILMAN: Mr. Speaker and Members of the House of Delegates: At the time the resolution was withdrawn, the Chairman of the Council was very glad indeed to be requested to come before this House with a word of explanation.

The Seventh Council District presented a resolution to the Council of the California Medical Association which resolution was unanimously and immediately adopted. This resolution requires of the Council that they appoint a committee, a representative committee of the State of California, from members of the California Medical Association; two of the members of the Committee to be members of the Council. This Committee is

to study, and have the necessary funds made available to it to defray expenses of this study, the entire question of the prepayment of medical care in the State of California. It is also to study the California Physicians' Service. It is to report to meetings of the Council as decided by the Committee during the year and at the end of the year is to bring in recommendatoins to the House of Delegates regarding suggestions for the improvement of the pre-payment of medical care in the State of California as it applies to others and to other organizations and to the California Physicians' Service.

Are there any questions? I think I have made myself plain.

SPEAKER ASKEY: Are there any questions? (No response.)

DR. CHANDLER: I move the adoption of the entire report of Reference Committee No. 3 as amended.

SPEAKER ASKEY: Is there a second?

DR. BRUCK: I second the motion.

SPEAKER ASKEY: Is there discussion?

. . . There being no discussion, the motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: It is carried.

* * *

DR. CHANDLER: I would like to thank the members of the Committee and all of the delegates and C.M.A. members who came up to the committee meeting last night and, particularly, these swell girls who did all the work on the papers. Thank you very much.

Recess for Second C.P.S. Meeting

SPEAKER ASKEY: At this time the Chair will declare a recess and ask you to change your hats and become members of the Administrative Body of California Physicians' Service. I will turn the meeting over to Dr. Glenn Myers, Vice-President of California Physicians' Service.

We are in recess.

. . . A recess was declared of the House of Delegates, to re-convene immediately after the meeting of California Physicians' Service Administrative Members. . . .

Post-Recess Meeting. C.M.A. House of Delegates

. . . The meeting of the C.M.A. House of Delegates reconvened at 3:45 P.M., on Monday, May 7, 1945.

SPEAKER ASKEY: The House of Delegates of the California Medical Association is hereby called out of recess and is out of recess and is now open again for business.

Under *Unfinished Business,* Mr. Secretary, is there any Unfinished Business remaining in your files?

SECRETARY KRESS: Mr. Speaker, there is no Unfinished Business or New Business.

SPEAKER ASKEY: Does any member of this House of Delegates have any business he wishes to bring before this House? Dr. Shepard!

DR. SHEPARD: When I listened to Dr. Goin's Presidential Address, I was very much impressed with it. I am asking permission to introduce a resolution regarding it at this time.

SPEAKER ASKEY: Dr. Shepard requests permission of the House to introduce a resolution in regard to Dr. Lowell Goin's Presidential Address of yesterday morning. He requests unanimous consent. If there is no objection to the introduction of this resolution, we will allow Dr. Shepard to introduce it. The Chair hears none; there is none and it will be introduced. Dr. Shepard!

DR. SHEPARD:

WHEREAS, The Address of our President was outstanding in its approach to the philosophies underlying our changing social order; be it

Resolved, That this House of Delegates recommend to the Council of the California Medical Association that they have this address printed in attractive form and a copy or copies sent to every public and county library in the State of California.

SPEAKER ASKEY: Is there a second?

SPEAKER ASKEY: You have heard the motion. Is there any discussion? If not, the question is before you. All those in favor of the motion say "aye," opposed "no."

. . . The motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: It is so ordered.

* * *

Is there further business that may appropriately come before us?

If not, we will proceed to the presentation of our officers.

Presentation of New Officers

SPEAKER ASKEY: Dr. Goin, will you present the new President?

DR. LOWELL S. GOIN: Mr. Speaker and Members of the House of Delegates: It is with a great deal of personal pleasure that I present to you our New President, Dr. Philip Gilman of San Francisco. (Rising applause.)

PRESIDENT GILMAN: Due to the lateness of the hour, I am going to say just a few words. A year ago, at the time you elected me your President-Elect, I tried to express the appreciation I felt on the honor extended me. At that time I felt very ordinary, when I considered the man whom I was to succeed. He has set such a very high standard that it is going to be next to impossible for any ordinary mortal to live up to that.

Now you have taken me on the other side and I am squeezed in between the Past-President and the next President-Elect. You have got me in a spot, however, in spite of that, I am going to do the best I can. If you give the whole-hearted support as evidenced by this meeting today of the House of Delegates throughout the ensuing year to your President, we will attempt, and I know, to reach at least fairly high toward the standards set by Dr. Goin. I thank you.

SPEAKER ASKEY: Your Speaker, very evidently, needs more tutoring in regard to "Speaker-ing." I am sure there was no insult intended that Dr. Goin was not introduced to you but I consider the rousing acceptance of the resolution and the motion previous to that gave him sufficient send-off. I apologize, Dr. Goin, for not having introduced you first.

At this time I will ask Dr. Philip Gilman to introduce to you the President-Elect.

DR. PHILIP GILMAN: Members of the House of Delegates I have known Sam McClendon for a good many years. We have agreed on many subjects, most subjects, but we have disagreed on many. We have, I feel that I am able to say, remained good friends.

It is with a great deal of pleasure that I present to you your President-Elect—a fine man.

DR. SAM J. MCCLENDON (President-Elect): Mr. Speaker, Fellow Officers of the California Medical Association, and Delegates and Friends: I come to you very humble today, appreciating the honor you have conferred upon me. I know the men who have preceded me and I know I will have a hard task in trying to follow in their footsteps and serve you people in the State of California. With your help and with the help of every member of the California Medical Association, I will try to do a good job. I will let action and deeds tell me what

to do, rather than come before you with a lot of promises.

I appreciate the honor and I will try to do my best to serve you.

SPEAKER ASKEY: Your Speaker needs no introduction after today and I need only say I appreciate from the depths of my heart your consideration and your kindness and your loyalty to me in what, I am sure you must know, is at times very difficult duties but ones which I will attempt to do in all fairness to every member of our Association. I will continue to do that in my next term.

At this time I wish to present to you your Vice-Speaker, Dr. Louis A. Alesen. Dr. Alesen, will you come forward, please?

VICE-SPEAKER ALESEN: Mr. Speaker, no speeches are in order. I am just the same old office boy doing the same old job.

SPEAKER ASKEY: At this time it is the pleasure of your Speaker to be able to present one of our Past-Presidents, one who saved my life by operating on me one night at one o'clock in the morning and whom I love very sincerely. It is my great pleasure to present to you Dr. Toland who will present the Retiring President's Certificate.

DR. TOLAND: Dr. Karl Schaupp, as you know, is the Past-President. He was supposed to have been here today to present this beautiful plaque. Formerly the Past-Presidents have received scrolls but the last three years the Presidents have received these plaques.

It is only the California Medical Association that presents it because they appreciate the work that Dr. Goin has done. We all admire him and respect him. He is a grand fellow, a great friend, and he is doing a lot for the medical profession in this State. He has done a lot and he will continue to do more.

I am certainly glad to know that he has received today another real office as Delegate to the American Medical Association.

Dr. Goin, it is my pleasure again to do something for you—to present this plaque.

DR. GOIN: Thank you, Dr. Toland.

I receive this plaque with a great deal of pride but also with a sort of strange mixture of sorrow and relief, relief because the burdens have been heavy and anyone would be glad to lay them down, and sorrow because it means that the association of myself from the official family of the Association with whom my relations have been most pleasant, every one of whom I admire greatly, is ended.

Thank you, all, for the many courtesies you have shown me. (Applause.)

MINUTES

SPEAKER ASKEY: At this time I would like to have a motion that the President, the Speaker and the Secretary of the Association be appointed as a committee to edit and approve the minutes of today. Do I hear such a motion?

. . . It was so moved and seconded. . . .

SPEAKER ASKEY: Is there any discussion?

. . . There being no discussion, the motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: The Committee is so appointed.

At this time I wish personally, as your Speaker, to thank the following members of your Committees:

The Chairman of the Credentials Committee, Dr. Paul D. Foster; Dr. Simpson and Dr. Carr;

Reference Committee No. 1: Dr. Paul Quaintance, Chairman; Dr. Curtis and Dr. Barnes;

Reference Committee No. 2: Dr. A. E. Moore, J. Frank Doughty and William Benbow Thompson;

Reference Committee No. 3 Dr. L. R. Chandler; Dr. Templeton and Dr. Ayres.

I think a rising vote of thanks for these committee members is in order. I will call for it.

I wish to call the attention of the Council to the fact that there will be a meeting of the Council immediately after this session in the adjoining Library. This is necessary for organization purposes. It will not take long but every member of the Council of the California Medical Association is asked to immediately come up there.

A motion for adjournment is now in order.

DR. GILMAN: May I have the floor for just a moment?

I cannot leave this meeting without calling for a vote of thanks to the Los Angeles County Medical Association and to their staff for the many courtesies and coöperation extended. I so move.

SPEAKER ASKEY: All in favor say "aye," opposed "no."

. . . The motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: The Los Angeles County Medical Association is the recipient of our thanks.

A motion to adjourn is in order.

DR. GILMAN: I so move.

. . . The motion was seconded, put to a vote and unanimously carried. . . .

SPEAKER ASKEY: It is ordered. We will adjourn.

. . . The meeting adjourned at 4:10 P.M. . . .

E. VINCENT ASKEY,
Speaker, C.M.A. House of Delegates.

GEORGE H. KRESS,
Secretary, C.M.A. House of Delegates.

OFFICIAL NOTICE

COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION

Minutes of the Three Hundred Twenty-fourth (324th) Meeting of the Council of the California Medical Association*

The meeting was called to order in the Los Angeles County Medical Association Headquarters Building in Los Angeles, at 1:30 P.M., on Saturday, May 5, 1945.

1. Roll Call:

Present: Councilors Philip K. Gilman, Chairman; Lowell S. Goin, E. Vincent Askey, E. Earl Moody, Edwin L. Bruck, Dewey R. Powell, Sam J. McClendon, Edward B. Dewey, Sidney J. Shipman, Herbert A. Johnston, Donald Cass, Harry E. Henderson, Axcel E. Anderson, R. Stanley Kneeshaw, John W. Cline, Lloyd E. Kindall, Frank A. MacDonald, John W. Green, and George H. Kress, Secretary.

Absent: Karl L. Schaupp.

Present by Invitation: L. A. Alesen, Vice-Speaker; Dwight H. Murray, Chairman, Committee on Public Policy and Legislation; Mr. John Hunton, Executive Secretary; A. E. Larsen, Medical Director, California Physicians' Service; Hartley F. Peart, Esq., Legal Counsel; Howard Hassard, Esq., Associate Legal Counsel; Mr. Clem Whitaker, Public Relations Counsel; Malcolm Merrill, of the State Board of Public Health; T. Henshaw Kelly, C.P.S. Trustee; and Mr. William Bowman of C.P.S.

2. Minutes:

Minutes of the following meetings of the Council and Executive Committee were submitted and actions taken approved:

(a) Council Meeting (323rd) held in San Francisco,

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* Reports referred to in the minutes are on file in the headquarters office of the Association. Minutes as here printed have been abstracted.

February 25, 1945. (Printed in CALIFORNIA AND WESTERN MEDICINE, for April, page 179.)

(b) Executive Committee Meeting (191st) held in San Francisco, April 8, 1945. (Printed in CALIFORNIA AND WESTERN MEDICINE, for May, page 260.)

3. **Membership:**

(a) A report of the membership as of April 28, 1945, was submitted and placed on file. The membership roster showed distribution as follows:

Total members (civilian and military) listed for year 1945: 7,606.

Total members in military service: 2,239.

(b) On motion made and seconded, it was voted to reinstate 330 members whose 1945 dues had been paid subsequent to April 1, 1945.

(c) On motion made and seconded, Retired Membership was granted to the following members, whose applications had been received in accredited form from their county societies:

Benjamin F. Walker, Fresno County
Charles Wesley Mattison, Los Angeles County
Frank L. Norton, Los Angeles County
Frank Lane Ready, Los Angeles County
Robert W. Wilcox, Los Angeles County
Charles W. Girdlestone, Riverside County
Samuel H. Keller, Riverside County
Fred Donnell West, Riverside County
Jesse W. Barnes, San Joaquin County
James B. Bullitt, Santa Clara County
Roland H. Prien, Santa Clara County
William Freeman Snow, Santa Clara County

4. **Financial:**

(a) A cash report as of April 28, 1945, was submitted.

(b) Report was made concerning income and expenditures for April and for four months, ended April 30, 1945.

(c) A balance sheet, as of April 30, 1945, was submitted.

On motion made and seconded, the above reports were received and placed on file.

5. **Interim Appointments:**

Council Chairman Gilman reported upon tentative appointments made since the last Council meeting held on February 25, 1945. On motion made and seconded, it was voted that the appointments which follow be confirmed:

(a) Philip K. Gilman, Donald G. Tollefson, and George H. Kress, appointed to a committee consisting of three members of the State Bar, three members of the State Department of Public Welfare and three members of the California Medical Association, to outline a study program relating to laws concerning the adoption of foundling infants and other children.

(b) Committee on Postwar Planning, as follows:

John W. Cline, San Francisco, California Medical Association

Philip K. Gilman, San Francisco, California Medical Association

Anthony B. Diepenbrock, San Francisco, State Board of Medical Examiners

Frank W. Otto, Los Angeles, State Board of Medical Examiners

L. R. Chandler, San Francisco, Stanford University School of Medicine

B. O. Raulston, Los Angeles, University of Southern California School of Medicine

Wilton L. Halverson, M.D., San Francisco and Los Angeles, State Board of Public Health

Phoebus Berman, Los Angeles, Los Angeles County Hospital

Benjamin W. Black, Oakland, Alameda County Hospital

Harold A. Fletcher, San Francisco, Procurement and Assignment Service

John Hunton (ex-officio), San Francisco, Secretary.

(c) Committee on Committees, to make report of vacancies on C.M.A. Standing and Special Committees and Editorial Board, as follows: Sidney J. Shipman, Chairman; Edward B. Dewey, and Frank A. MacDonald.

(d) The Council Chairman was authorized to appoint two members of the California Medical Association to be its representatives on a statewide Social Security Committee proposed by the California State Chamber of Commerce. H. Gordon MacLean of Oakland, and L. A. Alesen of Los Angeles, were appointed.

6. **Proposal to Establish a State Blood Bank in California:**

Upon invitation, Dr. Malcolm H. Merrill, Chief of the Division of Laboratories of the California State Department of Public Health, stated that during the past two years numerous requests had come to the State Department of Public Health to study the possibility of developing a coördinated statewide human blood and plasma program. Dr. Merrill said that eleven states have programs of varying types in operation at the present time. In his address, Dr. Merrill stated, "A study of well organized and operating blood and plasma banks both in California and elsewhere reveals that the basic requirement of human blood is approximately four units of 500 cc. each per general hospital bed per year. Stated another way, this amounts to about 16 units per thousand population per year. Under optimal conditions there will be about 3 units of whole blood used for each unit of plasma."

Dr. Merrill informed the Council that "according to the studies carried on by the State Department, a program limited to plasma only is not the answer. It is less than 25 per cent of the answer." The suggestion had been made that California be divided into eight districts, each to have one or more permanent centers and satellite mobile bleeding centers. "The American Red Cross through its constituent local chapters would become the donor procurement agency. . . The basic costs for operating the program, which would approximate $5.00 per unit, would be met by the State appropriation assisted by local participation and local voluntary workers."

It was stated that Senate Bill 653, now before the California Legislature, would impose upon the State Department of Public Health responsibility for the development of a statewide program.

Mention was made that under date of April 6th, the San Francisco County Medical Society had adopted the following resolution:

"Resolved, That this Board request the Councilors from this district to oppose any inroads of the State Department of Public Health into the establishment or operation of blood banks in the State of California in any area where existing blood bank facilities are now adequate, and to oppose also the use of tax funds to defray the costs of processing and furnishing blood products for individuals who are able to pay the necessary charges for processing and furnishing such blood products."

A letter was also received from the Association of California Hospitals in which the statement was made that "S. B. 653 would not be the best type of legislation to promote statewide blood banks."

Discussion followed. On motion made by Councilor Goin, duly seconded, it was voted that the Council do not give approval to the proposed blood bank program, and for reasons such as were incorporated in the above resolution of the San Francisco County Medical Society.

7. **Proposed Assembly Bills 600 and 601 to Provide for Licensing of California Hospitals:**

Discussion was had concerning Assembly Bills 600 and

601 now pending in the California Legislature, which, if enacted, would provide that a bureau be established under the State Board of Public Health through which studies of California hospitals would be made so that these institutions could be maintained at proper standards and only approved hospitals licensed.

On motion by Councilor Dewey, duly seconded, it was voted to approve these bills.

8. **Richmond Medical Center:**

Concerning the subsidy granted by the California Medical Association to meet a deficiency in Doctors of Medicine in the Richmond shipbuilding center, a report thereon was made by Executive Secretary Hunton who stated that during the first year of operation, beginning May 1, 1944, the medical center at Richmond had incurred a deficit of slightly under $6,000.00, for which the C.M.A. was obligated under its original agreement to assume a cost up to $6,000.00 for the first three months of operation.

After discussion of the work that had been accomplished and the existing conditions in the Richmond Housing area, on motion by Councilor MacDonald, duly seconded, it was voted that the financial support by the California Medical Association to the Richmond Medical Center terminate on June 1, 1945.

9. **Budget for Calendar Year 1946:**

Concerning the budget prepared by the Auditing and C.M.A. Executive Committees for calendar year 1946, the Council voted to present the same to the House of Delegates. Under item 32, sub-items f and g, it was voted to change the budget allowance for supplies to $950 and the office postage allowance to $850.

10. **American Cancer Society:**

Concerning the "Prevention Clinics," which the American Cancer Society (former name of which was the American Society for the Control of Cancer), proposed to establish in California, a discussion of the implications involved led to a motion that a special committee consisting of Councilors Goin, Cline and McClendon be appointed to draft a resolution thereon.

The committee submitted a resolution and on motion made and seconded, it was voted to present the same to the C.M.A. House of Delegates for consideration. (The resolution as finally adopted appears in the minutes of the C.M.A. House of Delegates. See page 336.)

11. **Place of Meeting of 1946 Annual Session:**

Concerning place of meeting for the Annual Session in 1946, it was agreed that for the Duration, facilities for scientific meetings and sessions of the House of Delegates, away from hotels in order to conserve manpower, were available only in Los Angeles. It was voted that the Council recommend to the House of Delegates that Los Angeles be selected as the place of meeting for next year's (75th) Annual Session of the California Medical Association, it being understood that the Los Angeles County Medical Association would sponsor local meetings of the scientific sections.

12. **Legal Department:**

General Counsel Peart reported on A.B. 600 (Hospital Construction Act) and A.B. 601 (Hospital Licensing Act). The report was in line with a letter dated April 23, 1945, submitted by Mr. Peart to Council Chairman Gilman.

Mr. Peart also reported on property rights involved in x-ray films and made some suggestions which he agreed to submit to the central office for transmittal to interested persons.

13. **California Physicians' Service:**

Discussion was had concerning certain policies and needs of the California Physicians' Service. Comments were made by Council Chairman Gilman, Mr. William Bowman of C.P.S., Mr. Clem Whitaker, Dr. Dwight H. Murray, Dr. T. Henshaw Kelly and others.

Income ceiling clauses of beneficiary members, the advantages and disadvantages of indemnity and fee-for-service procedures received consideration.

Dr. Kelly reported that the Board of Trustees of C.P.S. had given careful consideration to the 1944 resolution of the House of Delegates concerning an over-all manager and that the Trustees had voted that Mr. William Bowman who is familiar with the activities of C.P.S. should be promoted to the office of Executive Director and that Dr. A. E. Larsen would be made Medical Director.

Mr. Bowman discussed the C.P.S. need of an aggressive campaign along educational and other lines and it was voted that the sum of $2,000.00 monthly be paid to California Physicians' Service for a period of six months, in order to carry forward this needed work.

14. **Annual Dues for 1946:**

The Council took up the consideration of Association activities and needs and after full discussion, upon motion by Dr. Goin, duly seconded, the following resolution which had been drafted by Drs. Goin and Cline and Mr. Peart, was unanimously adopted:

With respect to the annual dues for next year, the Council in submitting its recommendation to the House, has been guided by the following circumstances:

(a) Loss of revenues in the past three years, due to waiver of dues of members in the Armed Services, now numbering over 2,200.

(b) Need for adequate funds to aid doctors returning from the Armed Services and, in general, to assist during the inevitable disruption of relocation from war to peacetime practice.

(c) Need for adequate funds for postgraduate studies, and refresher courses for doctors whose practices have been restricted, due to military service or work in war industrial areas.

(d) Need for further funds to promote more widespread participation in voluntary medical and hospital prepayment plans; and

(e) Necessity of reëstablishing the reserves of the Association, which are being constantly diminished by costly national and state public relations activities and increased cost of operation of all Association functions.

In view of the foregoing, the Council unanimously recommends that the annual dues for 1946 be fixed at one hundred ($100.00) dollars per member.

15. **Indemnity Plans Proposed by the Alameda County Medical Association:**

After discussion of the indemnity plans which had been submitted by members of the Alameda County Medical Association, it was voted that a special committee consisting of Drs. Dwight H. Murray, Sam J. McClendon, Frank A. MacDonald, and R. Stanley Kneeshaw, and Mr. Clem Whitaker be appointed to confer with Alameda County Delegates in the hope that an agreement might be reached concerning steps and procedures.

Upon motion by Councilor Goin, it was voted to approve the following resolution concerning California Physicians' Service:

WHEREAS, California Physicians' Service has always been and is now an earnest attempt to provide prepaid medical care for the largest possible number of people; and

WHEREAS, It is of the greatest importance that the generous and wholehearted support heretofore afforded California Physicians' Service by physicians of California continue; now therefore be it

Resolved, That the Council of the California Medical Association urges the House of Delegates to re-indorse

California Physicians' Service; and be it further

Resolved, That the Council of the California Medical Association advises and urges the House of Delegates to make no change in the present form of California Physicians' Service.

16. **Time and Place of Next Meeting:**

It was voted that the next meeting of the Council be held at the Town House in Los Angeles, on Sunday evening, May 6, 1945.

17. **Adjournment.**

PHILIP K. GILMAN, M.D., *Chairman*,
GEORGE H. KRESS, M.D., *Secretary*.

COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION

Minutes of the Three Hundred Twenty-fifth (325th) Meeting of the Council of the California Medical Association

An informal dinner meeting, tendered in honor of retiring President Lowell S. Goin, was held on Sunday, May 6, 1945, at 6:30 P.M., at the Town House in Los Angeles.

1. **Roll Call:**

Councilors Present: Philip K. Gilman, Chairman; Lowell S. Goin, E. Vincent Askey, E. Earl Moody, Edwin L. Bruck, Dewey R. Powel, Sam J. McClendon, Edward B. Dewey, Sidney J. Shipman, Herbert A. Johnston, Donald Cass, Harry E. Henderson, Axcel E. Anderson, R. Stanley Kneeshaw, John W. Cline, Lloyd E. Kindall, Frank A. MacDonald, John W. Green, and George H. Kress, Secretary.

Councilors Absent: Karl L. Schaupp.

2. **Discussion of Prepayment Plans of Medical and Hospitalization Services:**

Discussion was had concerning prepayment medical and hospitalization plans and differences that had arisen in various portions of the State concerning procedures.

Council Chairman Gilman explained the steps that had been taken to bring about an adjustment and it was voted that the Council Chairman be instructed to formulate a plan and present the same at the meeting to be held on the following day.

3. **Adjournment:**

There being no further business, the meeting adjourned.

PHILIP K. GILMAN, M.D., *Chairman*.
GEORGE H. KRESS, M.D., *Secretary*.

COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION

Minutes of the Three Hundred Twenty-sixth (326th) Meeting of the Council of the California Medical Association

The meeting was called to order in Parlor B of the Elks Club, in Los Angeles, at 12:00 noon, on Monday, May 7, 1945.

1. **Roll Call:**

Councilors present: Philip K. Gilman, Chairman; Lowell S. Goin, John W. Cline, Lloyd E. Kindall, Harry E. Henderson, Edwin L. Bruck, R. Stanley Kneeshaw, Sidney J. Shipman, Dewey R. Powell, Edward B. Dewey, H. A. Johnston, Frank A. MacDonald, John W. Green, and George H. Kress, Secretary.

Councilors Absent. E. Vincent Askey, Karl L. Schaupp, Donald Cass, Axcel E. Anderson, Sam J. McClendon, and E. Earl Moody.

2. **Public Policy and Legislation:**

Council Chairman Gilman asked Doctor Dwight Murray, Chairman of the Committee on Public Policy and Legislation to present a matter that had been called to his attention.

Dr. Murray, referring to recent conferences with members of the California Legislature concerning public health legislation, felt it would be most advisable to have one or more members of the California Legislature address the Council at an early date.

It was agreed that Council Chairman Gilman and the Chairman of the Committee on Public Policy and Legislation, Dr. Dwight H. Murray, should extend an invitation or invitations in due course to Legislators whom they deemed it advisable to invite for such conference.

It was agreed that the necessary funds to cover the expense of such conferences be authorized.

3. **C.M.A. Committee to Meet With Representatives of 17 Mid-Western States:**

A letter was read from the Secretary of the Michigan State Medical Society relative to a recent conference held by representatives of some seventeen Mid-Western States. The conference had to do with a centralized plan of procedure whereby the regional and national interests of scientific and organized medicine would be promoted, through conjoint action of representatives of constituent medical associations and the American Medical Association.

After discussion, the Council Chairman was authorized to appoint a committee to represent the California Medical Association at a future conference, expenses of travel to be covered by the California Medical Association. The committee appointed is: Philip K. Gilman, M.D., Dwight H. Murray, M.D., Mr. Ben Read, Mr. Howard Hassard, and Mr. John Hunton.

4. **Assembly Bill 1344 (Scientific Blood Tests):**

Informal discussion took place concerning A.B. 1344, and it was voted to approve this bill.

5. **Special C.M.A. Committee to Study Prepayment Plans:**

Council Chairman Gilman reported concerning informal conferences held with members of the Alameda and San Diego County Medical Societies relative to resolutions which it had been proposed should be presented to the House of Delegates.

Council Chairman Gilman then stated an agreement had been reached that proposed resolutions would not be submitted at the present time, if a representative California committee would be appointed to study the work of California Physicians' Service and other prepayment medical and hospitalization plans and procedures, the committee so appointed to report at meetings of the Council and of the next House of Delegates. The committee appointed consists of the following: Harry E. Henderson, Sidney J. Shipman, Jay J. Crane, Samuel Ayres, Jr., Peter Blong, John E. Young, Maurice Hopkins, A. E. Moore, L. R. Chandler, H. J. Templeton, A M. Meads.

6. **Allocation of Voting Units in the C.M.A. House of Delegates:**

Councilor Green brought up for informal comment the proposals concerning reallocation of voting units in the House of Delegates. It was felt that the subject was one that concerned the House of Delegates.

7. **Adjournment:**

There being no other business, the meeting was adjourned.

PHILIP K. GILMAN, *Chairman*,
GEORGE H. KRESS, *Secretary*.

COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION

Minutes of the Three Hundred Twenty-seventh (327th) Meeting of the Council of the California Medical Association

The meeting was called to order in the Library of the

Los Angeles County Medical Association, Los Angeles, on Monday, May 7, 1945, subsequent to the adjournment of the House of Delegates.

1. **Roll Call:**

Councilors Present: Philip K. Gilman, Chairman; Sam J. McClendon, E. Vincent Askey, Herbert A. Johnston, Jay J. Crane, Harry E. Henderson, Axcel E. Anderson, R. Stanley Kneeshaw, John W. Cline, Lloyd E. Kindall, Frank A. MacDonald, John W. Green, Walter S. Cherry, Edwin L. Bruck, Sidney J. Shipman, E. Earl Moody, Dewey R. Powell, Edward B. Dewey, and George H. Kress, Secretary.

2. **Organization Meeting:**

(a) Philip K. Gilman was nominated as Chairman and unanimously elected.

(b) John W. Cline was placed in nomination for office of Vice-Chairman and unanimously elected.

(c) Chairman Gilman announced as the Auditing Committee for the next fiscal year: John W. Cline, Chairman; Edwin L. Bruck; and Lloyd E. Kindall.

* * *

3. **Executive Session:**

The Council went into executive session, Dr. Gilman acting as Chairman and Secretary. Actions taken in executive session follow:

(a) The Association Secretary-Treasurer and Editor of CALIFORNIA AND WESTERN MEDICINE, George H. Kress, M.D., was reappointed for the coming year, at his present salary of $8,740.

(b) Executive Secretary John Hunton was reappointed for the coming year, his salary being increased from $9,000 yearly, to $12,000 yearly.

(c) The firm of Peart, Baraty and Hassard was reappointed as General Counsel, the retainer of $4,000 yearly plus $900.00 for clerical aid being increased to retainer fee of $6,000 plus $900.00 for clerical aid.

(d) Allocation for Committee on Public Policy and Legislation to be determined by C.M.A. Executive Committee after consultation with Chairman Dwight H. Murray.

(e) The Council voted that Chairman Gilman write a letter on behalf of the C.M.A. Council to the legal firm of Peart, Baraty and Hassard, expressing the appreciation of the Council for the excellent service that had been rendered by them to the medical profession of California.

PHILIP K. GILMAN, *Acting Secretary.*

* * *

4. **Recess for Executive Session Closed:**

Council then rose from Executive Session.

5. **Time and Place of Next Meeting:**

Upon motion duly made and seconded, it was voted that the time and place of the next Council meeting should be left to the decision of the Chairman.

6. **Adjournment:**

There being no further business, upon motion duly made and seconded, it was voted that the meeting adjourn.

PHILIP K. GILMAN, M.D., *Chairman,*
GEORGE H. KRESS, M.D., *Secretary.*

EXECUTIVE COMMITTEE OF THE CALIFORNIA MEDICAL ASSOCIATION

Minutes of the One Hundred Ninety-second (192nd) Meeting of the Executive Committee of the California Medical Association

The one hundred ninety-second (192nd) meeting of the C.M.A. Executive Committee was called to order in the Library of the Los Angeles County Medical Association on Monday, May 7, 1945, subsequent to adjournment of the meetings of the House of Delegates and Council, Chairman John W. Cline, presiding.

1. **Roll Call:**

Present: President and Council Chairman Philip K. Gilman; President-Elect Sam J. McClendon, Speaker E. Vincent Askey, John W. Cline, Chairman of the Auditing Committee, and Secretary-Treasurer George H. Kress.

2. **Election of Chairman:**

The Secretary stated this was the organization meeting of the Executive Committee. Upon motion duly made and seconded, it was voted that John W. Cline of San Francisco be elected Chairman.

3. **Adjournment:**

There being no other business, the meeting adjourned.

JOHN W. CLINE, *Chairman,*
GEORGE H. KRESS, *Secretary.*

MEMBERS' ANNUAL MEETING OF "TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION"

Minutes of the Seventeenth (17th) Meeting of Members

Pursuant to call of the president and notice by the secretary duly and regularly given in accordance with the By-laws, the regular annual meeting of the members of the "Trustees of the California Medical Association," a California corporation, was held in the Library of the Los Anglees County Medical Association, Los Angeles, California, on Monday afternoon, May 7, 1945, following the annual organization meeting of the Council of the California Medical Association.

There were present: Philip K. Gilman, Sam J. McClendon, E. Vincent Askey, Herbert A. Johnston, Jay J. Crane, Harry E. Henderson, Axcel E. Anderson, R. Stanley Kneeshaw, John W. Cline, Lloyd E. Kindall, Frank A. Maconald, John W. Green, Walter S. Cherry, Edwin L. Bruck, Sidney J. Shipman, E. Earl Moody, Dewey R. Powell, Edward B. Dewey, and George H. Kress.

A quorum present and acting.

Philip K. Gilman, First Vice-President of the corporation, acted as chairman of the meeting. George H. Kress, secretary of the corporation, acted as secretary of the meeting.

The minutes of the last meeting of Members of the "Trustees of the California Medical Association" having been sent to all members, upon motion duly made and seconded, it was voted that the same be approved and the actions taken therein, ratified.

The meeting then proceeded to the election of directors of the corporation to serve for the ensuing year, or until their successors shall be elected and qualified. Upon motion duly made, seconded and unanimously carried, the following were elected to serve as directors of the corporation for the ensuing year or until their successors shall be elected and qualified:

Philip K. Gilman, Sam J. McClendon, E. Vincent Askey, George H. Kress, Edwin L. Bruck, John W. Cline, and Lloyd E. Kindall.

There being no further business to come before the meeting, upon motion duly made, seconded, and unanimously carried, the meeting adjourned.

PHILIP K. GILMAN, *1st Vice-President,*
GEORGE H. KRESS, *Secretary.*

DIRECTORS' REGULAR MEETING OF "TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION"

Minutes of the Forty-first (41st) Meeting of the Board of Directors

Pursuant to the By-laws, a regular meeting of the Di-

rectors of the "Trustees of the California Medical Association," was held in the Library of the Los Angeles County Medical Association, in Los Angeles, California, on Monday afternoon, May 7, 1945, immediately following the meeting of the Members of the "Trustees of the California Medical Association."

Present were the following Directors: Philip K. Gilman, Sam J. McClendon, E. Vincent Askey, Lloyd E. Kindall, George H. Kress, Edwin L. Bruck, and John W. Cline.

Philip K. Gilman called the meeting to order and George H. Kress acted as Secretary.

The Chairman stated that the first order of business was the election of officers to hold office for one year and until their successors were elected or appointed.

On nominations duly made and seconded the ballots cast and taken, the following Directors were unanimously elected to the offices of the corporation set opposite the name of each thereon respectively:

Philip K. Gilman, President
Sam J. McClendon, First Vice-President
E. Vincent Askey, Second Vice-President
George H. Kress, Secretary
Edwin L. Bruck, Assistant Secretary
John W. Cline, Treasurer
Lloyd E. Kindall, Assistant Treasurer.

There being no further business, upon motion duly made and seconded, it was voted to adjourn.

PHILIP K. GILMAN, *President,*
GEORGE H. KRESS, *Secretary.*

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (25)

Alameda County (5)

Daggett, Earl H., *Oakland*
Gregory, Waldron A., *Oakland*
Haun, Theodore H., *San Lorenzo Villiage*
McWhirter, W. L., *Centerville*
Payne, Jeannette A., *Berkeley*

Los Angeles County (3)

Alpert, Clarence D., *Los Angeles*
Dale, Mary B., *Pasadena*
Shulman, Leon J., *Los Angeles*

Marin County (1)

Nass, Frederick C., *San Quentin*

Riverside County (1)

Walker, Arthur W., *Los Angeles*

San Bernardino County (1)

Miller, Fred C., *San Bernardino*

San Diego County (5)

Brownell, Emily B., *San Diego*
Friedberg, Irwin W., *La Mesa*
Goebel, Grace B., *San Diego*
Maurer, Esther L., *San Diego*
Murphy, Michael J., *San Diego*

San Francisco County (7)

DeBell, Grace, *San Francisco*
Goldwyne, Alfred Josef, *San Francisco*
Ruesch, Jurgen, *San Francisco*
Smith, Irma, *San Francisco*
Offield, Leonard D., *San Francisco*
Talbot, Grace McKellips, *San Francisco*
Turkel, Henry William, *San Francisco*

Solano County (1)

Nesting, Orlando S., *Vallejo*

Sonoma County (1)

Sturges, J. Hubert, *Santa Rosa*

Transfers (2)

Humphreys, Jasper M., from *Fresno* County to *Butte-Glenn County*
Lobel, Charles S., from *Los Angeles* County to *San Diego* County

Retired Members (12)

Barnes, Jesse W., *San Joaquin County*
Bullitt, James B., *Santa Clara County*
Girdlestone, Charles W., *Riverside County*
Keller, Samuel H., *Riverside County*
Mattison, Charles Wesley, *Los Angeles County*
Norton, Frank L., *Los Angeles County*
Prien, Roland H., *Santa Clara County*
Ready, Frank Lane, *Los Angeles County*
Snow, William Freeman, *Santa Clara County*
Walker, Benjamin F., *Fresno County*
West, Fred Donnell, *Riverside County*
Wilcox, Robert W., *Los Angeles County*

† For roster of officers of component county medical societies, see page 4 in front advertising section.

In Memoriam

Cowan, Angus Bertram. Died at Fresno, April 20, 1945, age 74. Graduate of the Cooper Medical College, San Francisco, 1893. Licensed in California in 1894. Doctor Cowan was a member of the Fresno County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✤

Hench, John Madison. Died at Stockton, May 7, 1945, age 71. Graduate of the University of Illinois College of Medicine, Chicago, 1906. Licensed in California in 1914. Doctor Hench was a member of the San Joaquin County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✤

Koch, Pearl Elizabeth. Died at San Francisco, April 7, 1945, age 37. Graduate of the Washington University School of Medicine, St. Louis, Missouri, 1938. Licensed in California in 1941. Doctor Koch was a member of the San Francisco County Medical Society, the California Medical Association, and the American Medical Association.

✤

Teaby, Walter Leon. Died at Monterey, May 2, 1945, age 74. Graduate of the College of Physicians and Surgeons of San Francisco, 1903. Licensed in California in 1904. Doctor Teaby was a member of the Monterey County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

He who, grown aged in this world of woe,
In deeds, not years, piercing the depths of life,
So that no wonder waits him.

—Byron, *Childe Harold,* Canto iii, st. 5.

Think'st thou existence doth depend on time?
It doth; but actions are our epochs.

—Byron, *Manfred,* Act ii, sc. 1, l. 54.

CHAPTER VI

RE: COMPULSORY HEALTH INSURANCE BILL PENDING IN 1945 CALIFORNIA LEGISLATURE (56TH SESSION)

CALIFORNIA AND WESTERN MEDICINE for January, 1945, on pages 1-4 and 25-40 presented informative comments and items dealing with proposed Sickness Insurance laws for California.

In the issue of February, on pages 51-53 and 64-92 the items were continued as Chapter II of the series.

In the March number of CALIFORNIA AND WESTERN MEDICINE the sequence appeared as Chapter III, pages 123-126.

Chapter IV had place in the April number, on pages 188-198.

In the May number of CALIFORNIA AND WESTERN MEDICINE the sequence was given as Chapter V. (Pages 276-289.)

In the present number of CALIFORNIA AND WESTERN MEDICINE, the sequence is given as Chapter VI.

* * *

Indexes of Health Insurance Items

Indexes appeared on the following pages:

Month of Issue	*Page*	*Items*
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March (Chapter III)	123	I-XXX
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May (Chapter V)	275	I-XXX
June (Chapter VI) [This Issue]	350	I-XXVII

Index for Chapter VI items follow:

ITEM I

Warren Offers Alternative State Health Program

Sacramento, May 8.—Governor Warren came up with an alternative compulsory State health insurance proposal today, and then startled his evening press conference by waving an olive branch at legislative opponents of his health insurance program.

Warren's announcement came after a lengthy conference with groups favoring compulsory health insurance. These include the A.F.L. and C.I.O. union groups, the League of Women Voters and the Parent-Teacher Association.

These were the groups he invited about three weeks ago to discuss legislation that would represent the views of the groups generally in the place of bills now languishing in the Assembly Public Health Committee.

New Bills Coming Up

The Governor said that as a result of the conference two bills will be submitted. One will embody generally, "with no radical changes" the general principles set forth in the bills now in committee. Details are to be worked out in the drafting.

The second bill will provide only for hospitalization. This bill will be offered if the first one is refused passage. The costs would be financed by a payroll tax on employers and employees. But in the second instance it would be a smaller tax because the insurance coverage would not be so general.

Special Session Suggested

In response to questions the Governor then made an unexpected observation that if the Legislature appointed an interim committee to study the whole subject of State health insurance, and provided that it report back on a certain day, say within six months, and then request a special session, say next January, to consider and act, "it might have a salutary effect." His suggestion of a special session was considered by some a veiled offer.—Los Angeles *Times*, May 9.

ITEM II

A Fight Over State Funds

Health Bureau Officials Protest Assembly's Plan to Reduce Their Operating Budgets

Sacramento, May 12.—The State Motor Vehicle Department and the State Health Department today protested in the Assembly against cuts in their budgets. . . .

Dr. Wilton L. Halverson, State Health Director, argued against a $119,000 reduction in the Health Departments' allotment amid indications that the amount might be restored.

Their statements highlighted Assembly hearings on amendments to Governor Warren's record $683,000,000 budget. . . .—San Francisco *Chronicle*, May 13.

ITEM III

Two New Bills to Revive the Fight on Health Plans

Sacramento, May 13.—A fresh fight on public health and hospitalization insurance legislation was foreseen today as the Legislature prepared for the introduction tomorrow of two new bills on this controversial subject.

The measures are proposed by Governor Warren as a compromise and an alternative to the prepaid medical insurance bills sponsored separately by the administration and the C.I.O., and which ran into stonewall opposition in the Assembly Public Health Committee.

The compromise bill on an all-inclusive prepaid public health and hospitalization service includes a settlement of the differences between the labor groups and the administration, but in no wise meets the approval of the Califor-

nia Medical Association, which has vigorously opposed all such legislation.

This measure is intended to be pressed on the floor of the Assembly with the fullest vigor. If it fails of passage, then the alternative bill, which provides for hospitalization service only, will be pushed. . . .

Indicative of the trend toward adjournment were the meetings Saturday of both the Assembly and the Senate. . . .—San Francisco *Chronicle*, May 14.

ITEM IV

Compulsory Health Insurance Bill Before Assembly

Hospital Pay Measure to Be Linked With Warren Plan

Sacramento, May 14.—A new bill to set up a State insurance system to pay the hospital bills of most California residents was scheduled to be introduced in the State Assembly today.

Test votes were scheduled also in the Assembly which may indicate whether Governor Warren's 683-million-dollar State budget will be adopted without substantial changes.

A new compulsory health insurance bill was to be introduced along with the hospital care bill, according to Assemblyman Vincent Thomas (D., San Pedro), chief author of a health insurance measure backed by the California C.I.O. Council.

The bills will be backed both by the C.I.O. and by groups which have favored a health insurance bill sponsored by the Governor.

Mr. Thomas said that action will be sought on the hospital bill only if it appears that the health insurance bill cannot be passed.

The new health bill differs only technically from previous measures on the subject. Hospital and doctor's fees of employed persons and their families would be paid out of a fund made up of a 1½ per cent payroll tax each on employers and employees.

The hospital insurance plan calls for a ½ per cent payroll tax on both workers and employers. Tax collection would start next January 1, and benefits would be paid after October 1, 1946. Any persons who earned $300 a year or more would have hospital bills paid for himself and his family for illnesses of not more than 30 days.

The system would be run by a commission of eight members, including the State director of public health, a physician or surgeon, a hospital administrator, two representatives each of employers and labor and one of agriculture. . . .—San Francisco *News*, May 14.

ITEM V

Assembly Gets Hospital Bill

Measure Provides Compulsory Pay Deductions for Care

Sacramento, May 15.—A prepaid hospital service act (A.B. 2201) to be financed through compulsory contributions of one-half of 1 per cent on salaries up to $5,000 by employers and employees, was introduced in the lower house late on May 16.

The measure was presented by Assemblymen Albert C. Wollenbreg, author of the Warren administration's pigeonholed compulsory health insurance bill, and Vincent Thomas, author of a similar bill sponsored by the C.I.O.

Sent to Committee

It was sent to the public health committee which was attacked by Governor Earl Warren several weeks ago for its refusal to send the health insurance bills to the floor for debates. The committee is expected to give the hospitalization bill similar treatment.

The new proposal, to be followed by another redrafted bill tomorrow reviving the original compulsory health insurance program, presents a possible form of compromise if the renewed fight for complete medical care is lost.

Effective in 1946

A.B. 2201 which would become effective October 1, 1946, provides for a maximum of thirty days hospitalization for each physical disability including necessary nursing, laboratory services, drugs, biologics, bandages and dressings. Maternity service also is provided for.

The act would be administered by an eight member hospital service authority. An executive director to be appointed by the Governor for a four year term would be paid $12,000 a year.—San Francisco *Examiner*, May 16.

ITEM VI

Sickness Pay Check Bill Now Before State Senate

Sacramento, May 10.—A weekly paycheck for every worker now covered by unemployment insurance when he is forced off the job by illness!

That is the guarantee in a bill on the Senate floor today after a unanimous approval yesterday from the Senate social welfare committee. It appears to have a good chance of final passage.

The disability unemployment insurance plan, which would make California the second state in the Nation to give its workers such broad protection, was introduced by Senator Shelley (D., S. F.)

Although not a substitute for health insurance, this measure goes a long way towards providing 2,100,000 Californians with assistance during illness.

It reaches the Senate calendar just as the new hospitalization plan, agreed upon by both Governor Warren and labor as a compromise with fair chance of passage, was due to be introduced in the Assembly. Assemblymen Wollenberg (R., S. F.) and Vincent Thomas (D., San Pedro), expect their hospitalization bill to carry more than a score of supporting assemblymen's names.

The payment for disability would be handled exactly like the payment for any other type of unemployment. The money would come from the same unemployment tax, without any change in existing rates. The weekly benefit would be the same, the overall time in which payments can be collected would be the same.

Benefits, however, would not start until a year after the bill became law. During that time the 1 per cent payroll deduction from the worker, now going into the fund along with employer taxes, would be separated into a distinct fund. This money, after accruing for a year, would be used to finance the disability portion of the unemployment payments.

A worker cannot begin to draw the money until after one week's illness. He must present a doctor's statement. He cannot collect this at the same time he is getting workmen's compensation payments. Pregnancy is not included.—San Francisco *News*, May 16.

ITEM VII

Sick Benefit Bill Beaten in Senate

Sacramento, May 18.—The State Senate today finally defeated a bill proposing to set up a sickness and disability compensation program within the framework of the California unemployment insurance fund.

With 21 votes needed to carry the motion, the Senate divided 18 to 18 on Senator John F. Shelley's motion to reconsider the vote whereby the Senate defeated the measure initially two days ago.

The bill was drafted by an interim committee on unemployment insurance after extended study. Similar to a Rhode Island plan, it would have extended benefits to persons unemployed because of illness or disability, but

unable to collect jobless compensation by virtue of being unavailable for work. The 1 per cent unemployment insurance contribution now collected from subject employees would have been diverted into a disability fund to finance the program.—San Francisco *Examiner*, May 19.

ITEM VIII

The States Are Feeling the Heat

Whatever may prove to be the ultimate fate of nationally sponsored State medicine, the agitation in its favor and the bills which have been drafted to bring it about have had the effect of building a fire under the medical profession, as well as states, municipalities and industries. The public demand for prepaid medicine is being met in at least a dozen states by various plans to provide insurance against medical expenses. The common difference between these state plans and the Federal plan, as outlined in the Wagner-Dingell-Murray bill, is that the state plans are on a voluntary basis. It seems to us an important distinction.

In Maryland the care of the poor, who are unable to pay anything for medical service, is treated as a separate problem from that of the middle class, which can afford to pay something but may prefer to participate in an insurance scheme. The very poor, the chronically ill, the insane and certain other classifications are taken care of by the state at the expense of the taxpayers. Funds are provided for an expansion of facilities for these purposes. For employed people a system of medical-care insurance is set up in coöperation with the Associated Hospitals (Blue Cross) under which citizens may purchase insurance covering specified medical services.

The plan is administered by a board of physicians and surgeons who promise that "more liberal enrollment policies and wider coverage in every field of medicine will be developed just as fast as experience warrants." Right there, it seems to us, lies the best argument for state and local voluntary insurance plans as against the vast compulsory proposals from Washington. In an area in which the limitations and possibilities of such a plan are immediately seen it is possible to relate demand to supply in a way which would be far more difficult in a national scheme planned in advance down to the last pill. Anyway, the Federal planners will do well to watch how these state insurance schemes operate.—*Saturday Evening Post*, May 19.

ITEM IX

Hearing Set on New Health Bill

Assembly Group Plans Debate Tuesday, May 29

Sacramento, May 23.—The Assembly committee on public health, which killed an earlier administration proposal for compulsory health insurance, next Tuesday will hold a hearing on a new bill setting up a modified insurance plan.

The committee, headed by Assemblyman Fred Kraft, Republican, San Diego, has set Tuesday to consider Assembly Bill 2201, by Assemblyman Albert C. Wollenberg and others, providing for a payroll deduction against both employers and employees to finance hospitalization costs. The deduction would be ½ to 1 per cent for employee and employer, compared to the 1½ per cent against each under the original full coverage measure.

Charles A. Wordell, San Francisco, president of the Association of California Hospitals, in a prepared statement today branded A.B. 2001 as "a deliberate and dangerous attempt to create a State hospital monopoly, controlled and operated by politicians."—San Francisco *Examiner*, May 24.

ITEM X

New Social Security

Cradle to Grave Bill Offered

Washington, May 24.—Legislation proposing a sweeping expansion of social security and a steep rise in the pay roll tax was laid before Congress today.

Senators Robert F. Wagner, Democrat of New York, and James E. Murray, Democrat of Montana, introduced the measure, termed an American verison of the British "Birth to the Grave" Beveridge plan, in the Senate. Representative John D. Dingell, Democrat of Michigan, sponsored the bill in the House.

Truman Backed

Wagner, who outlined the bill in an exclusive interview with International News Service eight days ago, said then that it has the backing of President Truman.

Major points of the bill propose:

1. Medical and hospital insurance for 135 million persons, through a system of prepaid health care costs.
2. Boosting of the pay roll tax on employees from the present 1 per cent to 4 per cent. Employers whose tax now averages 3½ per cent, would have their tax increased to 4 per cent under the program.
3. Federalization of unemployment compensation, now handled by the states, and an increase in amounts paid jobless workers to a maximum of $30 a week. The money would be paid for twenty-six weeks—or fifty-two weeks if funds are available.
4. A ten year, billion dollar program of Federal grants and loans for building an expansion of hospitals, health centers and related facilities. The Federal Government would pay at least 25 per cent and up to 50 per cent of the cost, depending upon a state per capita income.
5. Federal grants to states for public health services, with the Federal Government paying a minimum of 25 per cent of the costs and a maximum of 75 per cent.
6. Federal grants to states from general revenue for maternal and child health services, with again Washington paying from 25 to 75 per cent of the costs.
7. Federal grants to states for assistance to the needy —the aged, blind, dependent children and others. The Federal Government would pay at least 50 per cent of the amount spent by the State and possibly 75 per cent of the total.
8. Continuation on a permanent basis and Federal operation of the United States Employment Service.
9. Liberalization of retirement, survivors and disability insurance benefits to a minimum of $20 a month and a maximum of $120.
10. Extension of social security to 15 million persons not presently covered—farm workers, farmers, small businessmen and others.

Wagner, in introducing the far-reaching bill, said "ten years of experience with the social security act have demonstrated that we can insure people against the major causes of want. Social insurance has made our system of free enterprise operate more smoothly and effectively."

Fight Expected

Although no criticism was voiced immediately by Senators, the measure was expected to arouse bitter opposition and perhaps become one of the most controversial issues of the present Congress.

The bill would give "wage credits" of $160 a month to men and women in the armed forces for the entire period of their military service. The individual war veteran and his family would thus be insured for all social insurance benefits without deduction from his pay during military service.

Hospital care for which workers would pay through a wage tax, would be limited to sixty days a year with a possible maximum of 120 days if funds were available.

Health Plan

The health benefits of the bill would operate technically the same as unemployment compensation now does, the Associated Press reported.

Wagner emphasized that a patient could pick his own doctor or hospital or dentist; they could pick their patients, too. In that sense, he said, this is not "social medicine" which many medical men have long opposed; nor is it "regimentation," he contended.

The hospital finance plan provides $5,000,000 for the Surgeon General of the United States Public Health Service to help states survey their situations. Another $950,000,000 would be distributed over ten years, to participating States, for development of the health centers.

Full Year Pay

Provision is made for fifty-two weeks of unemployment compensation instead of the present twenty-six, if funds are available. The weekly scale would be $5 to $20 for single persons with a maximum of $30 based on dependents. Most state laws now have a top of $15 to $20.

Women would get twelve weeks maternity leave with the same scale of benefits. They would be eligible for old age assistance and widow's benefits at 60, instead of the present 65.

Old age payments would be increased to a minimum of $10 to $20 a month for single persons and $30 for a worker with a dependent wife 60 or older.

The maximum a person can earn while on pension without losing his benefits would be increased from $15 to $25 and for the blind, to $50.—San Francisco *Examiner,* May 25.

ITEM XI

Medical Care

Due partially to the activity of pressure groups, the State program for medical care was shunted early in the session of the Legislature. This was done not openly but by committee action that denied the program full public expression by the Legislature.

Now a compromise measure, sponsored by the Governor, is to come up for committee hearing next Tuesday. It provides for hospitalization, but not for some of the other benefits on which the opponents based some of their arguments. It covers less ground, will cost less and require less official machinery to put it into effect.

We believe it is the duty of the committee to report this measure out for action by the whole Legislature. The issue is of great public interest, or it would not be up now. It is important that the proposal put forward in Assembly Bill 2201 be decided by the people, through their elected legislators, and not be killed in committee. —Editorial in San Francisco *Chronicle,* May 26.

ITEM XII

Health Bill to Get New Test in Legislature

Modified Insurance Plan Slated For Debate Tomorrow

Sacramento, May 28.—With the California Medical Association again registering unaltered opposition, a modified health insurance plan is scheduled for a new test in the State legislature beginning Tuesday.

The assembly public health committee, headed by Assemblyman Fred Kraft, San Diego, has set Tuesday afternoon for hearing A.B. 2201 by Assemblyman Albert C. Wollenberg and others. This new administration sponsored measure provides for compulsory hospitalization insurance only, not insurance for general medical service.

The original health insurance bill introduced under sponsorship of Governor Earl Warren is still buried in the Kraft committee for lack of votes to send it to the floor either with or without a recommendation.

Defeat Foreseen

Many legislators are predicting a similar fate for A.B. 2201. Still others, however, predict that it will fare better than its predecessor in committee and reach the assembly, where its fate is problematical.

Meanwhile, Dr. Philip K. Gilman, San Francisco, newly-elected president of the California Medical Association, speaking with authorization of the executive committee, blasted A.B. 2201 today as "a poorly-disguised piece of political trickery, designed to enable the advocates of State medicine to get one foot in the door now and another later."

Declaring the bill is "an attempt to create a State hospital monopoly," Doctor Gilman said it contains "the same basic philosophy as the compulsory health insurance bills previously rejected by the Legislature, and would result in a State hospital monopoly." . . .—R. W. Jimerson, in San Francisco *Examiner,* May 28.

ITEM XIII

Revised Health Bill Drawn Up

Quick Hearing Set; C.M.A. Attacks Plan

Sacramento, May 28.—Prefaced by a weekend blast from the California Medical Association, a modified health insurance bill, authored by Assemblyman Wollenberg (R., San Francisco) and Thomas (D., San Pedro), is scheduled for initial hearing before the Assembly health committee tomorrow afternoon.

The committee already has killed a health insurance bill sponsored by each of the men and buried the original bill introduced under sponsorship of Governor Warren. This led to speculation in some circles that the Governor would submit a second bill of his own at a special session in a few months.

These predictions are based largely on a Washington announcement that a Federal program of health and hospitalization insurance is in prospect soon. Congressional approval is unlikely unless state concurrence is obtained, it was indicated.

First fireworks over the new bill were fired during the weekend by Dr. Philip K. Gilman of San Francisco, newly-elected president of the California Medical Association, who stigmatized it as "a poorly disguised piece of political trickery."

"It is designed to enable the advocates of State medicine to get one foot in the door now and another later," Dr. Gilman declared.

Dr. Gilman particularly attacked a provision making it a misdemeanor for any employer to require membership in any health or hospital plan as a condition of employment. This he declared "an attempt to create a State hospital monopoly."

The new measure A.B. 2201, has the joint backing of labor and Administration groups.—San Francisco *News,* May 28.

ITEM XIV

New Health Bill Deserves Approval

The new proposal to provide prepaid hospital service for the people of California, on a basis similar to unemployment insurance and old age pensions, will come before the Legislature's Assembly committee on public health at Sacramento tomorrow afternoon. The bill deserves sympathetic hearing by the committee and, after some clarifications, favorable report.

There has been offered in Congress the Wagner-Dingell bill to cover much the same ground, and California should get itself in line to anticipate whatever Federal action may be taken. We'll need such a plan if the Federal bill passes; and we will need it even more if

Federal legislation is not approved. It's high time, anyway, for states to roll their own.

This measure, known as Assembly Bill 2201, is a compromise between the original Wollenberg and Thomas bills. The former was offered to represent Governor Warren's idea of medical care; the latter represented the view of the C.I.O. A.B. 2201 would provide substantial assistance to low income groups, at a cost to employers of ½ per cent of payroll, and to employees of ½ per cent of pay received. A person becomes eligible after earning $300 in a specified period. The levy applies only to the first $5,000 of income. Self-employed persons may enroll on a voluntary basis.

The bill is not quite clear in regard to veterans, in its language concerning claims, or in its coverage of beneficiaries stricken while out of the state, but these are details. The important thing is the bill itself, its principle and its main provisions. We believe the people of California need and want this insurance against the economic ravages of illness—which are responsible for at least 25 per cent of all small loans made to individuals by banks and loan companies.

The Legislature should meet this need.—Editorial in San Francisco *News*, May 28.

ITEM XV

Hospital Health Bill

Warren—Despairing of Old Plan—Asks Action on a New One

Sacramento, May 29.—Governor Warren today urged the Legislature to approve a measure providing for a State administered system of prepaid hospitalization for all workers covered by unemployment insurance.

The Governor said the work of experts on his program shows the plan, as outlined in his bill, can be carried out at an expenditure of $7.56 a person for the 4,200,000 to be covered. This number includes the families of the workers.

In spite of adverse sentiment in the committee to which the bill has been referred, the Governor said he was "tremendously hopeful" that the Legislature, as a whole, will insist on action.

Payroll Tax

The Warren proposal provides for a 1 per cent payroll tax equally divided between employer and employee. Hospital bills for up to 30 days would be paid for under the plan.

The Governor had conceded little chance of any action by this Legislature upon his compulsory health insurance bill, which was killed off in the Assembly Public Health Committee.

Under his new proposal, introduced by Assemblyman Albert C. Wollenberg, San Francisco, the Governor hopes the Legislature will do something "to raise the health standards of the State's working people."

Up to $5,000

Contributions under the bill apply to salaries up to $5,000 a year. The entire family of an employee would be covered for the 30-day period allowed each year under the bill. This would include operating room, drugs, blood plasma, general nursing, laboratory services and maternity cases.

The number of contributors, the Governor said, would be about 2,100,000.

Contributions would amount to $38,750,000 a year, or $9.17 a person. Administrative costs are estimated at 92 cents per person a year, leaving $8.25 for the hospitalization fund.

Of this amount, only $7.56 probably would be required, leaving 39 cents from each yearly contribution to build up "a cushion."

Benefits in 1946

Payroll deductions would begin January 1, 1946, and benefits would start October 1, 1946.

The Governor said private hospital plans which are in operation provide service for only 183,744 persons, as of 1944. The average charge is from $8 to $10 a year for a single person and $18 to $24 with family coverage, for a maximum hospitalization of 21 days.

Warren said many legislators who opposed compulsory health insurance had told him they believed public hospitalization "is the answer" as a beginning of a better medical care program at this time.—San Francisco *Chronicle*, May 30.

ITEM XVI

Assembly Group Tables Warren Health Program

Prepaid Hospitalization Plan Beaten In Committee, 8 to 5

Sacramento, May 29.—The assembly committee on public health tonight tabled by a vote of 8 to 5 Governor Warren's program for establishing a system of prepaid hospitalization insurance for an estimated 4,220,000 Californians.

The committee's action was taken on motion of Assemblyman S. L. Collins of Fullerton after a three hour hearing in which spokesmen for the California Medical Association, private hospitals and the State chamber of commerce opposed the bill.

Urged by Labor

Principal argument in favor of the measure was delivered by William T. Sweigert, executive secretary to the Governor. Mervyn Rathborne of the State C.I.O. Council, and Cornelius J. Haggerty, secretary of the State Federation of Labor, voiced organized labor's support of the program.

Assemblymen Fred Kraft, Ernest Debs, Fred Emlay, John W. Evans, C. Don Field, Richard McCollister and John Thompson supported Collins' move to kill the bill. Assemblyman Edward Gaffney of San Francisco joined Ralph C. Dills, Augustus Hawkins, Jack Massion and John Pelletier in seeking to block the motion.

Out of Wages

Offered by the administration and supporters of health service legislation after original prepaid health insurance programs were defeated, the bill provides for payroll deductions of one-half of 1 per cent from both employer and employee to finance the program. Approximately 2,110,000 persons covered by unemployment insurance would contribute the added half per cent, but their families also would be eligible for benefits.

Assemblyman Albert C. Wollenberg, author of the bill, said he would move tomorrow to withdraw the bill for floor debate.

Earlier today, the Governor expressed "bitter disappointment" at defeat of his original program, but said he still had hope the Legislature would enact some type of substitute legislation at this session.

"I am tremendously hopeful that the hospitalization insurance bill will receive more kindly treatment," Warren said. "It is a very important bill, and can be made to serve a great need in our State.

Fees Cited

"Many doctors said the original, all inclusive bill put the cart before the horse in providing payment of doctors' bills. I was advised that the patient could always arrange to pay his doctor's bills, by agreement with the doctor, but that the great need of the working man is for protection when he or his family has to go to a hospital. There, he may find the door closed to him because he hasn't the money to pay for hospital fees immediately.

"I am taking these people at their word, and also, in this hospitalization plan, trying to see if we can get some sort of health program in effect this session."—San Francisco *Examiner*, May 30.

ITEM XVII

Warren Hospital Bill Tabled: Health Plan Beaten 8 to 5 in Committee

But Attempt to Be Made to Carry It to Assembly Floor

Sacramento, May 30.—For the third time the Assembly public health committee, headed by Druggist Fred H. Kraft (R., San Diego), has said "No" to a plan to give millions of California workers a prepaid health insurance system.

The hearing, which ran far past the dinner hour last night on the new hospitalization insurance proposal, representing a joint minimum plan offered by Republican Governor Warren and labor organizations, ended with an abrupt vote to table the bill, 8-5.

Assemblymen Wollenberg (R., S. F.) and Vincent Thomas (D., San Pedro), joint authors, expected today to ask the full Assembly for permission to pull the bill out of the pocket the committee has tucked it into, and get discussion and a vote on the floor. It will amount to a test vote on sentiment on the bill itself.

The committee heard the pros and cons on the hospitalization proposal in the Assembly chamber with about 50 visitors present, including many doctors.

William Sweigert, executive secretary to Governor Warren, carried the major rôle of exponent, declaring the bill does not call for State medicine, but is "an honest system of hospitalization insurance to give the benefit of a cohesive group of four million participants." He recalled Republican and Democratic convention platforms urging health plans for the people, and cited Governor Dewey's campaign speech in Los Angeles last fall calling for "organizing public and private hospitals into a system."

"This sort of program Governor Warren agrees is the only way we are going to avoid a system of State medicine," declared Mr. Sweigert. "Moderate income families now find themselves forced to turn to city, county and state hospitals without any choice when illness strikes."

Dr. Chester Cooley of San Francisco, representing the California Medical Association, declared, however, that "this is State medicine" and said it would turn many medical men into State employees. In reply, Mr. Sweigert pointed out that hospitals would volunteer to be admitted to the hospital plan.

Howard Burrell, general counsel for the Association of California Hospitals, questioned the sincerity of the bill's sponsors and said "Hospitals are to be sovietized without a question . . . lay bureaucracy can destroy the hospitals."

Only $7.50 per worker a year will be needed, Dr. Samuel May, U. S. director of public administration, said, to cover all services now proposed in the bill, including care in childbirth. Even 1940 prewar wages would yield more than that—about $8.50 he said—at 1 per cent tax (half from employer and half from employee). Present wage levels would give the fund about $12.50 per individual every year and quickly permit expansion of the services.

Charles B. Baer of the Los Angeles Chamber of Commerce disagreed with this view and predicted the revenues would be insufficient to keep up the services. Pat Merrick, State Chamber of Commerce spokesman, estimated the income would be from six million dollars to 23 million dollars short of the cost.

At conclusion of the arguments, Assemblyman Jack Massion (D., Los Angeles), also a druggist and committee member, moved the bill out "without recommendation." Assemblyman Gaffney (D., S. F.) seconded. —San Francisco *News*, May 30.

ITEM XVIII

Doctors Run a Fever

We fear some of the medicos are letting their temperatures reach the fever point over Governor Warren's efforts to do something to relieve the people of California of the heavy burden of medical care.

Comment of a Medical Association official that the new hospitalization bill is "a poorly disguised piece of political trickery, designed to enable the advocates of State medicine to get one foot in the door now and another later on" is a choleric statement far from the truth.

It doesn't help the profession's cause to indulge in that sort of loose talk. People of the State know Governor Warren is neither a radical nor a trickster. If he were indulging in political hocus pocus he never would have introduced the subject of medical care on a statewide basis. He knew it would alienate the support of a powerful group of citizens.

If the doctors were using their customary professional care of diagnosis, they would credit the Governor with being sincere but declare him mistaken, from their point of view. Pitching their fight on that basis, they would have the respect and confidence of the public.

But attacking the new hospitalization bill as "a piece of political trickery" is not likely to increase either the respect or the confidence the people have for them.

If for no other reason, the Assembly should lose no time in calling the new bill from a hostile committee—that is, if the lower house majority can spare the time from Samish-inspired legislation.—Editorial in San Francisco *News*, May 30.

ITEM XIX

Kaiser-Thomas Press Conference

Kaiser's Comments on His Medical Care Plan

R. J. Thomas, president of the United Automobile Workers (C.I.O.), stated flatly yesterday he believed "Kaiser should definitely get the Fontana steel plant."

He made the statement at a joint press conference with Henry J. Kaiser in which it was revealed that the uncertain status of the $11,000,000 California steel plant was hampering Kaiser's plans for marketing a wide variety of civilian products, ranging from automobiles to airplanes.

Kaiser is negotiating with the Reconstruction Finance Corporation to readjust the indebtedness of the Government-built, Kaiser-operated plant. Kaiser seeks authorization for a private loan of $52,000,000 for additions to convert the plant to civilian use. . . .

As an example of new fields, Kaiser said research by his own organization showed that if Kaiser plant hospital and medical facilities were duplicated on a national scale they would produce 3,000,000 jobs, and that the fields of prepaid health insurance, highway development, transportation and housing "would take care of 30,000,000."—San Francisco *Chronicle*, May 31.

ITEM XX

Re: C.I.O.—Warren Compulsory Hospital Service Bill—Assembly Bill 2201—An Analysis

A.B. 2201 was submitted in the California Legislature on May 15, 1945, by Assemblymen Thomas and Wollenberg. An analysis follows:

The bill proposes compulsory hospital care to all public and private employees and their families, financed by a 1 per cent payroll tax. It is a service and not an insurance proposal, as the benefits to the public in exchange

for the tax contributions made are in kind, i.e., in hospital service and care, and not in cash indemnification or reimbursement for expenses of hospitalization. In this respect the bill contains the same basic philosophy as Assembly Bills 449 and 800. It differs from Assembly Bill 449 and Assembly Bill 800 only in that it restricts the services rendered to hospital care and does not include medical and surgical services. The bill uses the approach of state control and government rendition of services to the people, which may be contrasted with the opposite approach found in Assembly Bill 1200 and Senate Bill 1082 (wherein the *costs* of health service are defrayed in whole or in part by cash payments to those eligible therefor), and found in existing unemployment and old age sccurity laws (where *costs* of the necessities of life are defrayed in whole or in part by cash payments to those eligible to receive same).

The major provisions of the bill may be summarized as follows:

(1) *Administration.* A new bureau called the "California Hospital Service Authority" is created. Provision is made for employment of an executive director at a salary of $12,000 per annum. The Authority itself is to consist of seven members appointed by the Governor, plus the Director of Public Health ex officio and without the right to vote. In appointing the seven members, the Governor must select two members experienced in hospital administration, one of whom shall be a physician, two members who are representatives of employers, two members who are representatives of organized labor, and one member who is representative of agriculture. The Authority, through the executive director, is empowered to employ such personnel as is found necessary and to administer the act.

(2) *Powers of the Authority.* The chief power vested in the Authority is to prescribe minimum standards of hospital care and to fix hospital rates for all services furnished under the act (sec. 134). The Authority need not fix uniform hospital rates throughout the State. In addition, the Authority has power to adopt necessary procedures for establishment and payment of hospital bills, to review and settle disputed claims, and to investigate any hospital to determine whether it is complying with the act and the Authority's rules and regulations. The Authority is empowered to purchase or otherwise make available supplies and commodities necessary for the hospital services provided in the act (sec. 138). This power apparently assumes that the State will engage in the mass purchase of drugs, laboratory supplies, bandages, dressings, appliances, and various other commodities that are used during hospitalization. Finally, the Authority is directed to carry on continuous studies "on the degree to which the operation of the act alleviates undue financial stress on the people of California arising from the onslaught of illness or injury," and with respect to the adequate distribution of hospital facilities. In other words, using a tried and proven technique, the act contemplates that the Authority will forthwith establish a research and satistical division properly staffed with the right (sic) people, who will at the cost of the taxpayers devote their entire time to devising ways and means of increasing and extending the scope of the act.

(3) *Services included.* The act provides for hospital care for not more than thirty days for each particular disability arising from a separate cause. All employees subject to the tax levied by the act and all their dependents are entitled to such hospital care. Hospital care is defined to include ward or semi-private accommodations, the use of the usual hospital facilities, such as operating room, general nursing care, etc., the furnishing of drugs, biologics, bandages, dressings, appliances, oxygen, blood and plasma, and the furnishing of such clinical and x-ray laboratory services "as are ordinarily provided by a hospital." Hospital care excludes industrial injuries and hospitalization for tuberculosis or mental disorders after diagnosis. It is provided that a beneficiary shall only be entitled to hospitalization while a registered bed patient and under the care of a physicain. The Authority is given power to extend hospital care to include out-patient services in an emergency, special nursing services and ambulance services. These, however, are optional with the Authority.

(4) *Persons Covered.* These are divided into those upon whom the act is compulsory and those with respect to whom the act is voluntary. Compulsory coverage includes all employees subject to the Unemployment Insurance Act, together with their dependents, plus all public employees, together with their dependents. Dependents are defined as any bona fide member of the household of an employee, if such member is in fact dependent on the employee. This definition is very broad and would include wives, minor children, and all adults who live in one household with respect to whom the wage-earner is a source of support. Public employees are defined to include the employees of the state, and county, city, municipality, district, or other political subdivision. This means that every public agency in this State is within the compulsory provisions of the act. Section 36 of the bill provides that an employee includes "public officials, whether elected or appointed." Accordingly, the Governor, the members of the Legislature, the members of the State Supreme Court, and in fact all public officials or employees are within the compulsory tax provisions and benefits.

Persons not within the compulsory provisions of the bill may elect to obtain voluntary coverage. If they so elect, they must acquire coverage by virtue of membership in some bona fide organized group, organized for purposes other than securing hospitalization (sec. 110). Inasmuch as farmers and self-employed businessmen are about the only persons not within the compulsory provisions, this means that such people could only acquire coverage through some organization which could contract with the Authority. The act provides that the Authority, in entering into any contract for voluntary coverage, may fix the contribution rates at such amount as it deems necessary. Section 111 provides that any public or private employee who becomes unemployed may continue as a beneficiary by making periodic payments to the Authority in such amounts as the Authority may determine to be equitable. This section adopts the policy which most voluntary prepayment plans now have in effect, viz., permitting an individual who leaves a group to continue membership by making payments on an individual basis.

Based on the fact that in 1944 approximately 2,200,000 persons were covered under the Unemployment Insurance Act, and estimating that there are probably at least 100,000 public employees in this State, it is estimated that under the liberal definition of dependent contained in the bill, the total number of people subject to the compulsory provisions would probably be in excess of 6,500,000. This figure, of course, does not take into account the exemptions hereinafter described.

(5) *Finances.* The bill provides that the costs of hospital services and administration of the act are to be met by a 1 per cent payroll tax, payable ½ of 1 per cent by the employer and ½ of 1 per cent by the employee. The tax is limited to the first $5,000 of wages paid to any employee in any calendar year. The tax is payable by all employing units that are subject to the Unemployment Insurance Act, plus all public agencies.

(6) *Exemptions.* First, all employers and employees, except public agencies and public employees, who are now

exempt under the Unemployment Insurance Act will likewise be exempt from the compulsory hospital service act, as the definition of "employer" and "employee" are the same in both acts. Second, under section 88 of the bill, all persons who adhere to any religion that depends for healing upon prayer, and all veterans of any war in which the United States has been or is engaged, may elect to be exempt from the taxes imposed by the bill and the hospital service benefits. Under section 88, if an employee elects to claim exemption because of religious belief or military service, his employer becomes exempt from the employer's portion of the 1 per cent tax. Exempting the employer from the tax as well as the disclaiming employee means, of course, that any employer who would restrict his employment to Christian Scientists and war veterans would have an advantage over his competitors to the extent of ½ of 1 per cent of his payroll.

(7) *Miscellaneous:*

(a) *Free Choice.* Section 139 of the bill provides that free choice of physician and hospital shall be maintained.

(b) *Administrative expenses.* Section 183 of the bill limits administration expenses to 8 per cent of taxes paid during the first three years of operation and 5 per cent thereafter.

(c) *Voluntary plans.* Section 199 of the bill provides that it is a misdemeanor for any employer to require membership in any "health" or hospital service plan as a condition of employment. The section also provides that any such condition in any contract of employment is void. Apparently this section is aimed at destroying existing voluntary medical and surgical prepayment plans. In many instances, employers pay the full cost of membership in voluntary medical prepayment plans; under this section such an employer would be guilty of a misdemeanor, because quite naturally where full cost is paid by the employer membership in the plan is a condition of employment. Also, for voluntary prepayment medical plans to secure adequate distribution of risk, maximum employee participation is essential. Section 199 seems to be aimed at impeding such distribution of risk.

(d) *Effective date.* The bill provides that the 1 per cent tax shall commence January 1, 1946, and that the hospital benefits shall commence October 1, 1946, but section 7 of the bill permits the Governor to defer these effective dates for periods of six months, as long as the United States continues in a state of war.

* * *

COMMENT

From the foregoing summarization of the bill, we have the following comments with respect to its effect upon the medical profession: While the bill only covers hospital care and a few professional services such as clinical laboratory and radiological services, it is nevertheless of vital importance to every physician and surgeon. We pointed out at the outset that the bill is a *State control,* not a cash indemnity, proposal. If the bill should become law in its present form, the State of California would in a very short time be the owner of all of the hospitals in this State, for all practical purposes. The bureau created by the bill is expressly given power to fix hospital rates. It is self-evident that the power to fix rates is the power to control completely. No hospital could do anything but obey meekly the orders emanating from the Authority, for otherwise rates could be fixed at less than cost (bearing in mind that the bill provides that rates need not be uniform), and offending hospitals forced to close their doors. That rates might be fixed at less than cost is no idle fear, when it is borne in mind that the Children's Bureau of the United States Department of Labor did just exactly that when given a sum of money by Congress to expend for infant maternity care for the wives and children of enlisted men. With the hospitals of the State at the mercy of a government bureau, the practice of medicine in such hospitals would be tremendously affected. The hospital, instead of being the doctor's workshop, would soon become the doctor's master. Government employees would be in a position to dictate to every hospital every minute detail of practice therein.

It is also clear that the proposed compulsory hospital service bill is intended as an opening wedge leading ultimately to State medicine. The way the bill is drafted it would require only an increase in the payroll tax and the addition of one or two paragraphs to add medical and surgical services to the benefits. You will recall that we mentioned above that the Authority is directed by section 136 of the bill to carry on continuous studies with respect to the degree of relief afforded by the compulsory hospital act. The only apparent purpose for such section is to permit the Authority to establish a propaganda section, so that during the interval between this and the next session of the Legislature the thinking of the Legislature can be conditioned to a point where it will seem but a minor step to add medical and surgical services to the act.

In connection with the bill it should be borne in mind that, due to California's increased population and war conditions, the present hospital facilities are barely adequate to take care of existing needs. The effect of the bill, if it becomes law, will be to increase the demand for admissions to hospitals and thus add to the already strained situation. The United States Congress now has before it Senate Bill 191 which proposes a nation-wide survey of hospital facilities and grants in aid to the several states a total sum of $100,000,000 for the purpose of building new hospitals where needed. Assembly Bill 600, now before the California Legislature, proposes to create a California commission for the purpose of making the hospital survey in this State contemplated by the Federal act. It would seem to us that public welfare would be better promoted by attacking the problem of securing more hospital facilities first, before undertaking a program that would increase the demand upon such facilities.

PEART, BARATY AND HASSARD.

ITEM XXI

A.M.A. Decries Health Bill

The *Journal of the American Medical Association* declared editorially on May 31, that Senator Wagner's newest proposal for nationwide medical care "still is socialized medicine."

The *Journal* specifically attacked phases of social security legislation, embodying the proposed hospital insurance program, as proposed by the New York Senator.

"Most people with any understanding of the situation," the *Journal* said, "will insist that compulsory sickness insurance with Federal control is both socialized medicine and State medicine."

Senator Wagner's "emphatic assertion" that each person is entitled to choose his own doctor is true only in that he is free to choose among physicians agreeing to go into the insurance system, the *Journal* said.

The editorial, moreover, complained that the majority opinion of the 125,000 physicians who comprise the A.M.A., was "completely disregarded" in the drafting of the bill.

It termed the "Medical Forum," which Wagner said he had consulted, "a group of several hundred physicians, mostly inclined toward Communism and practically all living in New York City."—San Francisco *Chronicle,* May 31.

ITEM XXII

Gov. Warren for Any Workable Health Plan

Sacramento, May 31.—Declaring that he still stands in readiness to accept any amendment that will bring about passage of a workable health or hospitalization insurance bill, Governor Earl Warren today declared that a "terrible responsibility" rests on the "solid phalanx" of those opposing his health program.

The Governor's statement, made at his press conference, obviously was to strengthen the position of Assemblyman Albert C. Wollenberg tomorrow, when Wollenberg makes his fight to withdraw the hospitalization bill from the Assembly public health committee. The committee voted 8 to 5 two days ago to table the measure.

"All we try to do in the bill," Warren explained, "is to give the average citizen who can't afford the expenses of hospitalization the right to work out his problem in a democratic way—to go where he wants and to get the service he needs."

Criticisms that the program would "Sovietize medicine" were denounced by the Governor as "pure buncombe" and those who try to "cloud the issue by such talk," he asserted, "are assuming a terrible responsibility."

"California is way behind the times," Warren said, "so far as hospital space is concerned. We have two million new population in the State, veterans are coming back in large numbers, and another great epidemic such as the flu which followed the first World War would find us so far behind in hospital facilities that we would have thousands of unnecessary deaths."

Warren said that if—and he emphasized the "if"—he was sure that after six months of study, enough legislators would be convinced of the need for health insurance to pass a bill at that time, *he would call a special session for the purpose.*—San Francisco *Examiner,* June 1.

ITEM XXIII

Legislature to Renew Battle on Health Plan

Compulsory Insurance Only Issue Left Before Adjournment

Sacramento, June 2.—With health or hospitalization insurance the only remaining major issue, the Legislature today was giving serious thought to final adjournment following passage yesterday of the biennial budget bill and the Administration's program for continued tax reduction.

June 16 was declared to be the earliest possible date for ending the session.

Governor Earl Warren today sent the Legislature a special message urging passage of Assemblyman Albert C. Wollenberg's Assembly Bill 2201, providing for compulsory hospitalization insurance for all persons now covered by unemployment insurance and for their families and dependents.

Once Tabled

Whether his direct appeal to the Legislature will win approval for hospitalization insurance remained problematical, however. A.B. 2201 was tabled by the Assembly public health committee, and it cannot be taken up by the lower house unless the Assembly votes to withdraw the bill from committee.

Wollenberg said he would make a motion to withdraw early next week. On April 10, he moved to withdraw the general, all-inclusive health insurance bill from the same committee, and was defeated by a vote of 39 to 38.

With sentiment against this type of social legislation apparently increasing, as judged by the committee's action, many observers expressed doubt that even Warren's personal intervention would get it out of the unfriendly Public Health Committee.

Warren's deep interest in enactment of some type of health legislation was further indicated two weeks ago when he sent his executive secretary, William Sweigert, to make the chief presentation in behalf of A.B. 2201 before the committee.

The Governor, in his message, dwelt on the unpredictability of the need for hospitalization, on its heavy cost, and the "need for spreading the risk among more than two million employed persons in the State by means of a payroll contribution of ½ of 1 per cent and a similar contribution by their employers.

"Beneficiaries would have the right to make their own arrangements for more expensive hospital accommodations than those provided for in the act," he wrote, "by payment of the difference in rates."

Assembly Speaker Charles Lyon said if the Governor signs the budget bill on Monday, it should be possible to adjourn sine die on Saturday, June 16. . . .

Many veteran legislators said Lyon's proposal for June 16 adjournment was too optimistic, and that the session would run to the following weekend.—San Francisco *Examiner,* June 3.

ITEM XXIV

Final Health Bill Debate On

Sacramento, June 4.—Hospital insurance, the minimum health provision Governor Warren hopes to win for California families from this Legislature, is not an isolated, local scheme it developed today.

The bill, for which final battle was due on the floor of the Assembly today, has its counterpart in the Wagner-Murray social security bill introduced into the U. S. Senate ten days ago.

The Federal measure opens with an entirely new proposal for a vast nationwide hospital construction and improvement program which anticipates some state agency, ready to receive its share of Federal money, set hospital standards and work towards improved health conditions.

Copies of the Wagner-Murray bill have just reached the *News* and show an entirely new emphasis on a 10-year plan for "providing better health and medical services through the construction, improvement or enlargement of needed hospitals, especially in rural communities, in economically depressed areas and in areas in which existing hospitals are overtaxed as a consequence of the war."

The bill calls for five million dollars for states to study their needs; 50 million dollars for the 1945-46 fiscal year construction; 100 million dollars for each of the succeeding years, to be split among all the states in grants or 20-year loans available to states, counties, health or hospital districts, other political subdivisions or even nonprofit organizations.

This permits participation by any private agency owning and operating a hospital, in which no part of the net earnings benefit any private shareholder or individual.

While this national "hospital and health center construction act" is mainly aimed at improving or increasing hospital facilites, it is directly in line with Governor Warren's statements of what he hopes can be provided California.

He has emphasized in press conferences his desire to set up a hospital agency prepared to accept Federal money, should this or other somewhat similar legislation pass Congress.

The Wagner-Murray bill also calls for health insurance. It is a bulky 185-page document which largely redrafts the Social Security Act. A new version of the cradle-to-the-grave protection. It calls also for disability unemployment insurance, for extension of unemployment payments in time, and enlargement of them to workers with dependents. It was buffeted about in Congress last year, and is out for a new try this time.

But it starts off with the concrete plan for building hospitals, and to share this building, each state must designate a single state agency for administration, and plan for state financial participation. It must have a hospital advisory council and a hospital construction program with projects listed according to priority of need.—Mary Ellen Leary, in San Francisco *News*, June 4.

ITEM XXV

Hospital Health Bill Killed

Sacramento, June 4.—Governor Earl Warren's hospitalization insurance bill was given its final death blow in the Assembly today, accompanied by a crackle of verbal firecrackers that kept Capitol corridors echoing with the word "lobbyist" for three hours.

Warren Hit

Among those who used the word "lobbyist" in referring to recent activities here were Assembly Speaker Charles W. Lyon, who heatedly asserted from the rostrum that Warren had placed himself "in the position of lobbying" for the hospital insurance bill; and Governor Warren, who, when informed of Lyon's remarks, suggested sharply that "this might be an appropriate time" for a "full and impartial investigation" of lobbying activities.

Better Debate

Lyon's statement climaxed a brief but bitter debate on a motion by Assemblyman Albert C. Wollenberg to withdraw the administration sponsored compulsory hospitalization insurance bill from the public health committee. Wollenberg began his closing argument by announcing that he would read a special message on the subject sent by Warren to the Legislature last week, and printed in both the Senate and Assembly journals. Assemblyman Chester Gannon raised the parliamentary objection that the message went into the merits of the legislation and was therefore out of order in discussing a motion to withdraw the bill from committee.

"I don't see how a statement by the Governor——" Wollenberg started to reply.

Lobbying Charge

Lyon banged his gavel, and shouted angrily:

"He is placing himself in the position of lobbying on a bill, which he has no right to do."

Wollenberg heatedly defended Warren's right to send the message, outshouting Lyon, and challenged his use of the word "lobbyist."

"When he sends a message like that, he is reducing himself to the position of a public relations man," Lyon retorted.

Lyon won the argument, and within a few seconds the vote was taken on Wollenberg's motion to withdraw the hospitalization insurance bill from committee. It lost, 32 ayes to 45 noes, as compared with a vote of 39 to 38 a month ago on a motion to withdraw from committee the administration's general compulsory health insurance bill.

Warren Answer

Governor Warren, informed of the battle in the Assembly declared that "of course" he advocated the bill, not as a lobbyist, but "as Chief Executive of the State charged with recommending to the Legislature measures which in my opinion are for the welfare of the people."

He quoted from the constitution on his duty to recommend "such matters as he shall deem expedient," and then turned to the section on lobbying, commenting, "There seems to be some confused thinking on what constitutes lobbying." The section makes it a felony to seek to influence a legislator's vote through bribery, promise of reward, intimidation or other dishonest means.

"I can see no connection between the two," Warren said.

Asked if he construed Lyon's remarks as accusing him of lobbying in the criminal sense of the word, Warren replied:

"I'm not here to construe."

Speaker Lyon explained that "there has been no charge by me or anyone else that the Governor was guilty of legally improper lobbying." He agreed that Warren was within his rights in recommending enactment of a health or hospitalization insurance bill, and also in sending the special message last Saturday.

Message Cited

"But the special message," Lyon said, "was nothing more nor less than an argument in favor of the hospitalization bill. In other words, the Governor was using his prerogative to try to persuade the Legislature to adopt a measure he was advocating."

The vote on withdrawing the bill from committee found both Republicans and Democrats ignoring party lines.—R. W. Jimerson, in San Francisco *Examiner*, June 5.

ITEM XXVI

Congress Gets New Wagner-Murray-Dingell Plan For Social Security

Washington, May 24.—(A.P.)—A new, broad concept of social security, including health insurance, was introduced in Congress today with a plea that the Nation needs it as a postwar bulwark.

The far reaching measure, increasing costs to both employees and employers, was proposed by Senator Wagner, Democrat of New York, and Representative Dingell, Democrat of Michigan.

Lists Benefits

Wagner, explaining the legislation in detail in a speech prepared for the Senate, listed these principal proposals:

1. Contributions of employers and employees would be increased from 1 to 4 per cent each.
2. Every citizen would be eligible to health insurance similar to the present voluntary hospital insurance plans now in effect. None of the current plans would be affected; they could continue in business.
3. The Government would embark on a 10 year plan, with an appropriation of $950,000,000 to help states build and improve hospitals and health centers, especially in rural areas. An additional $5,000,000 would be provided to help the states make the necessary surveys.

USES Would Take Over

4. The United States Employment Service would be established permanently. After the war it would take over the War Manpower Commission and other related services within the social security board setup.
5. Social security coverage would be extended to an additional 15,000,000 persons, including farm workers, dometics, those in nonprofit institutions and the independent farmer, professional person and small businessman.
6. Increases would provide for unemployment compensation and old age benefits; the jobless insurance would be nationalized, rather than operate on a state by state basis.

Endorsed By Labor

Wagner said labor organizations endorse the bill.

He emphasized that the health insurance plan would allow the individual to choose his own physician and hospital; would permit the physician and hospital to pick their own patients, too.

"It is not socialized medicine," he insisted.

The Senator said full employment, if it is achieved after the war, "still does not solve the economic problems of widows and orphans, the aged, the sick and disabled."

The medical care insurance would provide for hospital service up to 60 days a year, with the insured person's family included in the benefits.

For illness or disability, a person would get the same payments as if unemployed, and these would be revised.

Extended Unemployment

Duration of unemployment benefits would be extended from the present maximum of 26 weeks to a full year if

available funds permitted. The weekly scale would be from $5 to $20 for single persons, with a maximum of $30 based on the number of dependents. Most existing state laws have a maximum between $15 and $20.

Women workers would be allowed 12 weeks maternity leave, with the same scale of benefits.

Changes in the old age assistance phase would provide monthly cash benefits where the worker is totally disabled for six months or more before reaching retirement age. The minimum monthly sum would be increased from $10 to $20 for a single person, and $30 for a worker with a dependent wife aged 60 or more. The maximum would be $120 a month. The bill also would lower from 65 to 60 the retirement age for women and for receiving widow's benefits.

Armed Service Credit

Those in the armed forces would be granted a wage credit for $160 a month, thus having this social security credit during their period of service without deductions from Army or Navy pay.

Wagner said the program would pay "enormous dividends" in public health. The aid to states and the health insurance plan, he contended, would provide medical care for the low income family and strike "at an important cause of the shockingly high rate of rejections" experienced by draft boards.

"Health insurance does not involve regimentation of doctors or patients," he declared. "It is simply a method of assuring a person ready access to the medical care that he or she needs by eliminating the financial barrier between the patient and the doctor or hospital."

Wagner said the legislation is not the "final solution" of social problems, but simply "a desirable step that can be put into operation now."

—Sacramento *Bee*, May 24, 1945.

ITEM XXVII

"Legislative Bulletin" of the Public Health League of California

Hotel Sacramento

Sacramento, California

June 6, 1945 Number 5

COMPULSORY HOSPITALIZATION BILL (A.B. 2201) KILLED

Governor Warren's compulsory hospitalization bill was killed in the Assembly Tuesday when that body, by a vote of 45 to 32, refused to over-ride the recommendation of its Public Health Committee and withdraw the bill from that Committee.

The bill, Assembly Bill 2201, was introduced on May 15 by Assemblyman Wollenberg of San Francisco, who was the principal author of the Governor's original compulsory health insurance bill, and Assemblyman Thomas of San Pedro, who was author of the C.I.O. bill. Joining these two were Assemblyman Anderson, Los Angeles; Brady, San Francisco; Berry, San Frnacisco; Burns, Eureka; George D. Collins, San Francisco; Crichton, Fresno; Dekker, Hollywood; Dunn, Oakland; Fletcher, Long Beach; Gaffney, San Francisco; Hawkins, Los Angeles; John C. Lyons, Los Angeles; Maloney, San Francisco; Massion, Los Angeles; McMillan, Los Angeles, and Rosenthal, Los Angeles.

The bill was actively supported by the Governor, the C.I.O., the A.F.L., and P.T.A., and the League of Women Voters.

It was given a lengthy hearing in the Public Health Committee on May 29. William Sweigert, executive secretary to the Governor, pleaded for more than an hour in behalf of the bill. Numerous other witnesses were presented by the C.I.O. and A.F.L.

The opposition to the bill was presented by Howard Burrell, chief counsel for the Association of California Hospitals, who declared the measure would "sovietize" the hospitals of California. Dr. Chester L. Cooley of San Francisco presented the opposition of the California Medical Association and pointed out that the bill was similar to the original compulsory health insurance bills which had been killed by the Assembly. Opposition of business groups was presented by Charles Bayer of the Los Angeles Chamber of Commerce and Pat Merrick of the California State Chamber of Commerce.

Bill Was Tabled

After lengthy consideration, the committee tabled the bill by a vote of 8 to 5. Voting to table the bill were: Assemblymen Sam L. Collins, Fullerton; Fred Emlay, Salinas; John Evans, Los Angeles; Don Field, Glendale; Richard McCollister, Mill Valley; John Thompson, San Jose; Fred Kraft, San Diego; Ernest Debs, Los Angeles. Voting against the motion to table were Assemblymen Ralph Dills, Compton; Edward Gaffney, San Francisco; Gus Hawkins, Los Angeles; Jack Massion, Los Angeles; John Pelletier, Los Angeles.

On June 2 the Governor sent a message to the Legislature urging the passage of the bill, in support of the motion by his floor leader, Assemblyman Wollenberg, to override the action of the Public Health Committee and bring the bill to the floor of the Assembly. The air in the Assembly was tense when Assemblyman Wollenberg called up his motion for vote on Tuesday afternoon. He was aided by Assemblyman Gaffney of San Francisco and Miller of Palo Alto. Assemblyman Kraft of San Diego and Debs of Los Angeles took the floor in opposition to the motion to withdraw the bill.

During the procedure, Speaker of the Assembly, Charles W. Lyon of Beverly Hills, ruled "out of order" an attempt by Wollenberg to read into his closing argument the Governor's message urging enactment of the bill. Speaker Lyon said: "The Governor has placed himself in the position of lobbying for this bill, which he has no right to do." In further ruling Wollenberg out of order, Speaker Lyon said, "The Governor is reducing himself to the position of a public relations man when he does what he did."

Action of the Assembly apparently kills the compulsory health insurance issue for this session of the Legislature. The Governor has indicated he may call a special session to consider this subject, and the C.I.O. has threatened to place it on the ballot by initiative.

The vote on Tuesday, June 5, was even more decisive than the defeat administered to the compulsory health insurance bill on April 10. Tuesday vote was 45 to 32; the April 10 vote was 39 to 38.

Voting to Withdraw from Committee: Anderson, Hawthorne; Beck, San Fernando; Bennett, Los Angeles; Berry, San Francisco; Brady, San Francisco; Brown, Modesto; Burns, Eureka; Carey, Emeryville; Collins, George D., San Francisco; Crichton, Fresno; Dekker, Los Angeles; Dills, Ralph C., Compton; Doyle, Los Angeles; Dunn, Oakland; Fletcher, Long Beach; Gaffney, San Francisco; Haggerty, San Francisco; Hawkins, Los Angeles; Heisinger, Fresno; Kilpatrick, Los Angeles; Lyons, Los Angeles; Maloney, San Francisco; Massion, Los Angeles; McMillan, Los Angeles; Miller, Palo Alto; O'Day, San Francisco; Pelletier, Los Angeles; Rosenthal, Los Angeles; Sheridan, Oakland; Sherwin, Piedmont; Thurman, Colfax; and Wollenberg, San Francisco.

Voting Against Withdrawal From Committee: Allen, Los Angeles; Armstrong, Redlands; Beal, Los Angeles; Boyd, Palm Springs; Burke, Alhambra; Burkhalter, North Hollywood; Butters, Brawley; Call, Redwood City; Clarke, Le Grand; Collins, Sam L., Fullerton; Crowley, Fairfield; Davis, Los Angeles; Debs, Los Angeles; Dickey, Alameda; Dills, Clayton A., Gardena; Emlay, Salinas; Erwin, Puente; Evans, Los Angeles; Field, Glendale; Fourt, Ventura; Gannon, Sacramento; Geddes, Pomona; Guthrie, Porterville; Hollibaugh, Huntington Park; Johnson, Berkeley; King, Orovile; Knight, La Canada; Kraft, San Diego; Leonard, Hollister; Lowrey, Rumsey; Lyon, Beverly Hills; McCol-

(Concluded on Page 320)

CALIFORNIA COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT

Rights of Medical Officers in Armed Services to Practice in California

(COPY)

STATE DEPARTMENT OF JUSTICE
Office of Attorney General Robert W. Kenny

Monday, May 28, 1945.

Army and Navy medical officers not holding California licenses, may treat military personnel outside of a military reservation or at a military hospital only in case of emergency and as an official duty to the armed forces, Attorney General Robert W. Kenny, head of the State Department of Justice stated today in an opinion.

His ruling was requested by the State Board of Medical Examiners.

Kenny said, "Army and Navy medical officers may in an emergency situation, treat the dependents of military personnel since the health and welfare of such dependents bear directly upon the morale and efficiency of the members of the armed forces.

"Except in the case of such emergencies and as an official duty, no medical treatment may be administered by unlicensed medical officers to non-military personnel in any non-federal area within the State of California."

The opinion was prepared by J. Albert Hutchinson, Deputy Attorney General.

U. S. Casualties Pass Million

Washington, May 31.—The War and Navy Departments announced today that Amercian armed forces have suffered more than a million casualties in three and one half years of war.

To emphasize the "stern cost of victory," Acting Secretary of War Robert P. Patterson made public figures showing the heavy casualties sustained by some of the American infantry divisions in Europe. He said that the heavy fighting in the western Pacific gives notice of what may be expected as the war moves against Japan's inner empire.

Without including all losses sustained in the current battle at Okinawa, the War and Navy Departments reported total casualties of 1,007,285, including 227,552 killed, in the Army, Navy, Marine Corps, Coast Guard and Merchant Marine.

In addition to the dead the total includes 606,298 wounded, 68,029 missing, and 105,406 prisoners of war.

United States Army casualties as reported to Washington through May 21, and reflecting actual fighting to the beginning of May totaled 890,019. This included 183,563 killed, 553,088 wounded (309,646 have returned to duty), 52,746 missing, and 100,622 prisoners.

Secretary Patterson said that approximately 90,000 American prisoners of war have been recovered in Europe. This represents substantially all the American personnel captured by the enemy in the European fighting.

Patterson indicated that about 50,000 men heretofore listed as missing are not likely to turn up as prisoners and probably have been killed.—San Francisco *Examiner*, June 1.

11,000 Amputations Cared for in U. S.; 4,000 Quit Army

Washington, May 19.—(A.P.)—The War Department reported today that 11,000 amputation cases had been treated in Army hospitals in the United States up to May 1.

Approximately 5 per cent of the soldier patients have lost more than one limb, but none has completely lost both arms and legs. Six have lost three limbs and one lost part of four limbs as a result of freezing after an airplane crash.

Of the 11,000, approximately 4,000 have been discharged.—San Francisco *Call-Bulletin*, May 19.

The Story of Our War Wounded

London, May 27.—(A:P.)—Fewer than 100,000 patients remain in Army hospitals in the European theater of operations and practically all of them will be restored to duty here or returned to the United States by mid-July, Major General Paul R. Hawley declared on May 28.

The theater's chief surgeon said in an Army Hour broadcast that the death rate among American Army battle casualties in this war was less than half that of World War I.

Of 1,375,000 U. S. soldiers and sailors hospitalized in the European theater since the beginning of the war—about one-fourth of whom were battle casualties—fewer than 13,000 have died, Hawley said.

Several factors achieved this, he continued, and "first in importance, I think, was the devotion of medical officers and soldiers with the combat troops. More than 2,000 of these brave people were killed in action and almost 10,000 wounded.

"Next, we had as fine doctors as America can produce. We had an ample supply of whole blood and blood plasma, plus the miracle sulfa drugs and penicillin, better nutrition, and sanitary controls."

In the war against Germany, medics used about 325,000 pints of whole blood and approximately 1,000,000 pints of reconstituted blood plasma, he added. Civilians at home furnished 195,000 pints of whole blood and soldiers over here 140,000 pints.—San Francisco *Chronicle*, May 28.

COMMITTEE ON ORGANIZATION AND MEMBERSHIP

Alameda County Medical Society

In the *Bulletin* of the Alameda County Medical Association, President Harry J. Templeton called attention to the appointment of an executive secretary and business manager, as follows:

(COPY)

PRESIDENT'S MESSAGE

After our Council and our membership had authorized the application of business principles to our society, it was neessary to select a competent Business Manager. For the success of such a plan hinged largely upon the ability of this man. Mr. Waterson had so impressed our members by his outline of what had been accomplished in Lake County, Inidana, that many of you came to me immediately after his address and urged me to try to hire him. You felt, as I did, that with him as our Business Manager the uncertainties, the dangers of an inexperienced man and the breaking-in period would be eliminated. Therefore, a committee consisting of Past President Donald Lum, Vice-President Warren Allen, Secretary Gertrude Moore and myself propositioned Mr. Waterson with the result that he has agreed to accept the position. Unfortunately, he cannot begin work with us until June 1 or July 1. Meanwhile, however, he will

keep in close touch with us and will advise us as to preliminary steps to be taken.

I want to thank all of you for approving of this, my pet scheme. It seems to me that if we all work hard and coöperate with Mr. Waterson we have the opportunity of making the Alameda County Medical Association one of the most successful and active associations in the country. We can develop our own business office, credit rating bureau, collection service, telephone service and monthly bulletin. But more important than this, in these critical times, we can embark on a public relationship campaign that will materially strengthen the position of medicine in Alameda County.

The project will probably be self supporting, or nearly so, after a year. To finance the first year an assessment will be necessary. It is my belief that any monies that you spend for this purpose will be an extremely worth while investment.

* * *

Mr. Rollen Waterson, our Business Manager [Mr. Waterson comes from Lake County Medical Society of Gary, Indiana, where he has also acted as secretary of the American Association of Physicians and Surgeons], will probably be with us before our next meeting. He is due to leave Indiana about May 15; so it won't be long now until we shall have to get to work with him to organize our County Medical Society so that it will be the most active and progressive one in the country.

After correspondence with Mr. Waterson, and after conferences with our officers and councilors, we have rented the entire fifth floor of the Income Securities Building at 364 14th Street, Oakland, for our business office. This office has the central location which Mr. Waterson feels is essential for contact with the public, with business, with newspapers and as a place for our collection and telpehone bureaus.

At Mr. Waterson's request we have selected an attorney, Mr. Harold Huovinen, to advise us in organizational business and tax problems. Mr. Huovinen has always been a friend of medicine and is attorney for the Hospital Service of California. He is well qualified for the position.

COMMITTEE ON HOSPITALS, DISPENSARIES AND CLINICS

Nation's Hospitals Are Great Health Asset, Says Chamber of Commerce Committee

The importance of hospitals to the nation's health is indicated by the fact that during 1944 more than 16 million patients—approximately 1 of every 8 persons in the United States—were admitted to hospitals, according to a spokesman of United States Chamber of Commerce Health Committee.

The American Medical Association's 1944 Hospital Census shows that hospital admissions for 1944 were the largest in history, that patients entered hospitals at a rate of approximately 1 person every 2 seconds, and that hospital service in the United States has more than doubled in the last 10 years.

In addition, 1,919,976 infants were born in hospitals during 1944—at the rate of 1 live baby every 16.4 seconds, the A.M.A. report shows.

The A.M.A. Census shows that there were 6,611 registered hospitals in 1944. Although this was 44 fewer hospitals than were reported in 1943, the total capacity of 1,729,945 beds is a gain of 80,691 beds, the report states.

The great increase in hospital service in recent years is due to an increase in public understanding of the importance of good hospital and medical care, rather than to an increase in illness.

Hospitals are of great importance to the health of the people, said the U. S. Chamber spokesman, because of the important part they have in the training of thousands of doctors and nurses each year, as well as because of their place in caring for the sick.

Hospital Day

Praise Given Doctors, Nurses

San Francisco's 18 major hospitals observed National Hospital Day on May 12, in keeping with a proclamation by Mayor Lapham designating the 125th birthday of Nurse Florence Nightingale as a reminder of "the outstanding wartime service" of the city's hospitals and personnel.

Under the theme "Hospitals Fight on Two Fronts," the San Francisco hospital conference today paid tribute to doctors, nurses and technicians—both in the Armed Services and on the home front—for their accomplishments during a time of unprecedented difficulties, according to Charles J. Malinowski, president.

With fewer civilian hospitals and a large decrease in personnel, our institutions still have managed to care for more civilian sick than ever before, he pointed out. One reason for the increase in civilian care is the birthrate, with 1,919,976 babies born in hospitals in 1944.

More than 60,000 doctors and 54,000 nurses are now in the Armed Services. More will leave the ranks of 135,000 student nurses now in training.

Overall gains by community hospitals through the years include more than eight years added to the average length of life, with the average age now 62.8 years, and infant mortality reduced more than 50 per cent.

As their postwar project, hospitals plan to expend more than a billion dollars in new buildings and equipment and to continue to expand the nonprofit Blue Cross payment plan for hospital care. More than 37 million Americans now are covered by hospital insurance, it was said.

COMMITTEE ON POSTGRADUATE ACTIVITIES†

Note.—The C.M.A. Postgraduate Committee presents below the roster of speakers and topics of "Wartime Graduate Medical Meetings." These listings may have suggestive value to program committees of Component County Societies.

Wartime Graduate Medical Meetings

CLINICS, DEMONSTRATIONS, LECTURES

Under the Auspices of the American Medical Association, the American College of Physicians, the American College of Surgeons

Authorized by the Surgeons General, Norman T. Kirk, Ross T. McIntire, Thomas Parran

Committee 24th Zone

Lt. Comdr. Geo. C. Griffith (MC), USNR, Chairman
Capt. Harry P. Schenck (MC), USNR
Wayland A. Morrison, M.D.
James F. Churchill, M.D.

Program of the Wartime Graduate Medical meetings for Zone 24 (Southern California) for the last two weeks of May, follows:

† Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary, who is secretary ex officio of the Committee on Postgraduate Activities.

March Field, Riverside, California—Tuesday, May 15, at 1530

"War Wounds of the Chest"—Lt. Comdr. Joseph P. O'Connor and Lt. Henry Jaffe of U.S.N.R., San Diego.

Torney General Hospital, Palm Spring, California—Tuesday, May 15, at 1530

"Repair of the Facial Nerve"—Dr. Peter Viole of Los Angeles.

Santa Ana Air Base, A.A.F. Regional Hospital, Santa Ana, California—Tuesday, May 15, at 1930

"Comparison of Protozoal and Bacillary Dysenteries"—Dr. John Kessell, Professor Bacteriology, University Southern California, Los Angeles.

Camp Cooke, Station Hospital—Wednesday, May 16, at 1300

Intestinal Obstruction Due to Regional Enteritis"—Lt. Col. Wm. C. Sheehan, MC, Chief of Surgical Branch, Birmingham General Hospital, Van Nuys and Major Ralph Pomeranz, MC, Chief of X-ray Service.

Hoff General Hospital, Santa Barbara, California—Wednesday, May 16, at 2000

"Intestinal Obstruction Due to Regional Enteritis"—Lt. Col. Wm. C. Sheehan, MC, and Major Ralph Pomeranz, MC.

USATS, San Diego, California—Friday, May 18, at 1500

"Allergy"—Dr. Robert W. Lamson, of Los Angeles.

Birmingham General Hospital, Van Nuys, California—Wednesday, May 23, at 1500

"Traumatic Surgery of the Abdomen"—Dr. Charles E. Phillips of Los Angeles, and Comdr. Gaylord Bates of U.S.N.H., Corona.

U.S.N.H. Santa Margarita Ranch, Oceanside, California Thursday, May 24, at 1300

"Malingering Tests"—Dr John Mackenzie Brown of Los Angeles.

U.S.N.H., Corona, California—Thursday, May 24, at 1300

"Tumor Pathology"—Comdr. John W. Budd, U.S.N.-A.A.S., Los Alamitos, Calif.

U.S.N.H., Long Beach, California—Wednesday, May 16, at 1500

"The Classification and Diagnosis of the Anemias"—Dr. Alvin G. Foord of Pasadena.

* * *

The following is a list of the Wartime Graduate Medical meetings which are scheduled for the month of June.

U. S. Naval Air Training Station, San Diego, Friday, June 1, at 1500

"RH Factor"—Capt. George Macer, MC, A.A.F. Regional Hospital, Santa Ana Army Air Base, Santa Ana.

Camp Haan, A.S.F. Regional Hospital, Riverside, Tuesday, June 5, at 1530

"Thoracic Surgery"—Dr. John Jones of Los Angeles, and Lt. Comdr. J. E. Dailey, U.S.N.H., Corona

Torney General Hospital, Palm Springs, Tuesday, June 5, at 1530

"Management of Simple Skin Diseases"—Lt. Col. E. R. Seale, MC, Chief Dermatologist, Santa Ana Army Air Base.

A.A.F. Regional Hospital, Santa Ana Army Air Base, Tuesday, June 5, at 1930

"Blood and Blood Substitutes"—Lt. Comdr. W. M. Cashman, U. S. Naval Hospital, San Diego.

Station Hospital, Camp Cooke, Lompoc, Wednesday, June 6, at 1300

"Internal Derangements of the Knee"—Dr. John C. Wilson, Professor Orthopedic Surgery, University Southern California, Los Angeles.

Huff General Hospital, Santa Barbara, Wednesday, June 6, at 2000

(To be Continued)

CALIFORNIA PHYSICIANS' SERVICE†

Board of Trustees

C.P.S. From May, 1944, to May, 1945

Membership—May, 1944— 62 000.
May, 1945—140,000.
More than doubled membership.

Income from Members' Dues:

Now at the rate of $1,680,000 per year. (When rate change is fully in effect—July 1, 1945—with present membership, will be approximately $2,250,000.)

Unit value remained stationary throughout year at $2.25—90 per cent of par value—recent rate changes will achieve the long sought for 100 per cent.

Changes in Board of Trustees:

Dr. Ray Lyman Wilbur retired as president.

Dr. Lowell Goin, past president of C.M.A., elected to president of the Board at its meeting May 7, 1945.

Other additions to the Board are: Dr. Donald Lum of Alameda and Dr. J. Frank Doughty of San Joaquin County.

Reëlected: Dr. T. Henshaw Kelly of San Francisco.

Terms unexpired: Dr. A. E. Moore (San Diego), Dr. C. L. Mulfinger (Los Angeles), Dr. C. Glenn Curtis (Orange County), Dr. Chester Cooley (San Francisco), Dr. H. Randall Madeley (Solano County), Dr. P. K. Gilman (San Francisco) and Rt. Rev. Thomas J. O'Dwyer (Los Angeles).

This Board of Trustees appointed Mr. William M. Bowman, Executive Director, and Dr. A. E. Larsen, Medical Director.

C.P.S. is geared and ready to really take off this next year—the preliminaries are over—basic problems solved—now to cover more and more of the population.

* * *

(Ed. Note.—A report of the Board of Trustees of California Physicians' Service for the period May, 1944 to March, 1945, appeared in CALIFORNIA AND WESTERN MEDICINE for April, 1945, pp. 223-225. T. Henshaw Kelly, M.D., Secretary of C.P.S., gave a supplementary report to the C.M.A. Council on May 7, 1945. Because of lack of space, it has been necessary to hold this supplement over for publication in the next issue of C. & W. M.)

† Address: California Physicians' Service, 153 Kearny Street, San Francisco. Telephone EXbrook 0161.
Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings†

California Medical Association. Session will convene in Los Angeles. Dates of the seventy-fifth annual session, to be held in 1946, will be announced later.

American Medical Association. The 1945 Session, previously scheduled for Philadelphia, will not be held. See J.A.M.A., January 20, 1945.

The Platform of the American Medical Association

The American Medical Association advocates:

1. *The establishment of an agency of Federal Government under which shall be coördinated and administered all medical and health functions of the Federal Government, exclusive of these of the Army and Navy.*

2. *The allotment of such funds as the Congress may make available to any state in actual need for the prevention of disease, the promotion of health, and the care of the sick or proof of such need.*

3. *The principle that the care of the public health and the provision of medical service to the sick is primarily a local responsibility.*

4. *The development of a mechanism for meeting the needs of expansion of preventive medical services with local determination of needs and local control of administration.*

5. *The extension of medical care for the indigent and the medically indigent with local determination of needs and local control of administration.*

6. *In the extension of medical services to all the people, the utmost utilization of qualified medical and hospital facilities already established.*

7. *The continued development of the private practice of medicine, subject to such changes as may be necessary to maintain the quality of medical service and to increase their availability.*

8. *Expansion of public health and medical services consistent with the American system of democracy.*

(Note: For interpretative comments, see *J.A.M.A.*, June 24, 1944, pp. 574-576.)

Medical Broadcasts*

The Los Angeles County Medical Association:

The following is the Los Angeles County Medical Association's radio broadcast schedule for the current month, all broadcasts being given on Saturdays:

KFAC presents the Saturday programs at 10:15 a. m., under the title, "Your Doctor and You."

In June, KFAC will present these broadcasts on the following Saturdays: June 2, 9, 16, 23, and 30.

The Saturday broadcasts of KFI are given at 9:45 a.m., under the title, "The Road to Health."

"Doctors at War":

Radio broadcasts of "Doctors at War" by the American Medical Association is on the air each Saturday at 1:30 p.m., Pacific War Time.

Pharmacological Items of Potential Interest to Clinicians*:

1. *This Book Hits Jack-pot:* Certain to join the great English physiological immortals is A. E. Barclay, K. J. Franklin and M. M. Prichard's Barcroftian classic, *The Foetal Circulation and Cardiovascular System, and the Changes That They Undergo at Birth*, 275 superbly illustrated pages extending careful work published in part in *British Journal of Radiology* (1940 plus), and developed with cineradiography, and of course delightfully written (Blackwell, Oxford, December, 1944, 50s, and available from C. C. Thomas of Springfield, Ill.). Get it!

2. *Other Books:* L. E. Napier offers 900 pages and 250 illustrations to *Principles and Practice of Tropical Medicine* (MacMillan, N. Y. 11, 1945. $12.50). For the alert surgeon there are C. R. Murray's *Surgery of the Motor Skeletal System*, G. Humphries' *Surgery of the Soft Tissues*, and C. Pilcher's *Neurosurgery* (Lippincott's, Philadelphia 5, 1945, $55). Morris Fishbein edits military hot-shots' *Doctors at War* (Dutton, N. Y., 1945, $5). Interesting is Schering Corp's *Sex Endocrinology* (Bloomfield, N. J., 1945, free). R. P. Parsons tells well of his naval hospital in the South Seas (*Mob 3*, Bobbs-Merrill, Indianapolis, 1945, $3.50). Worthy is J. R. Rees' *Shaping of Psychiatry by War* (Norton, N. Y. 11, 1945, $2.50).

3. *Books Climb Antibiotic Bandwagon:* S. A. Waksman properly leads with *Microbial Antagonisms and Antibiotic Substances* (Commonwealth Fund, N. Y., 1945, $3.75). W. E. Herrell takes good seat with *Penicillin and Other Antibiotic Agents* (Saunders, Philadelphia 5, 1945, $5). J. A. Kolmer climbs high with *Penicillin Therapy, Including Tyrothricin and Other Antibiotic Therapy* (Appleton-Century, N. Y. 1, 1945, $5). B. Sokoloff clings with unfinished *Story of Penicillin* (Ziff-Davis, N. Y., 1945, $2). And Winthrop offers more free brochures. So does Merck.

4. *More on the Antibiotic Bandwagon:* W. A. Randall & Co. describe method of estimating penicillin in body fluids (*Science*, 101:365, April 6, 1945), while A. Fleming, D. H. Heilman and W. E. Herrll discuss micro methods for same (*Am. J. Clin. Path.*, 15:1-7, 1945). W. G. Myers and H. J. Hanson induce new strains of penicillium by neutron bombardment (*Science*, 101:357, April 6, 1945). T. Hauschka & Co., in discussing mechanism of growth inhibition by hexenolactone, suggest antibiosis from reaction with SH groups essential in enzyme function (*Science*, 101:383, April 13, 1945). R. D. Muir and G. Valley suggest cysteine for sterility test for penicillin (*Ibid.*, p. 390).

5. *Chemotherapy:* C. Wilson, G. Higgins & Co. agree that 5 Gms. methionine daily has no beneficial effect in infective hepatitis (*Brit. Med. J.*, 1:399-401, March 24, 1945). O. Schales & Co. find 1, 4 dichlor, 2, 3 dihydroxy pehnazine indefinitely prevents growth of Staph. aureus in conc of 0.01 per cent (*Arch. Biochem.*, 6:329, 1945). B. V. Patel (Bombay), finds 2-N^1 sulfanilamide-5-ethylthiazol is highly effective with no toxicity in monkey malaria (*Quart. J. Pharm. and Pharmacol.*, 17:297, December, 1944). M. M. Cantor and J. W. Scott success-

† In the front advertising section of *The Journal of the American Medical Association*, various rosters of national officers and organizations appear each week, each list being printed about every fourth week.

* County societies giving medical broadcasts are requested to send information as soon as arranged.

* These items submitted by Chauncey D. Leake, formerly Director of U. C. Pharmacologic Laboratory, San Francisco, now Dean of University of Texas Medical School.

fully treat agranulocytosis with IV pyridoxine, which is necessary maturation factor (*Canad. Med. Asso. J.*, 52: 368, 1945). W. Tadros (Cairo), describes estrogenic diethoxy-phenyl-bromethylenes which show antitumor action (*Nature*, 155:366, March 24, 1945). S. B. Ullman & Co. (Jerusalem), describe antitumor action of extracts of latex of Ficus carica (*Exp. Med. Surg.*, 3:11, 1945). A. Goth shows antibacterial properties of dicumarol (*Science*, 101:383, April 13, 1945).

6. *More:* P. M. Dawson and F. A. Hellebrandt continue their interesting study on aging influence on work capacity in PMD (*Am. J. Physiol.*, 143, 420, 1945). P. O. Gravelle beautifully illustrates the artistry of chemicals with polarized light on crystal growth (*Merck Rep.*, 54:12, April, 1945). Note proceedings Central Society for Clinical Research (*J. Lab. Clin. Med.*, 30:337-394, 1945). J. H. Lawrence & Co. describe "chokes," a respiratory manifestation of aeroembolism in high altitude flying (*Ann. Int. Med.*, 22:398, 1945). T. S. Cullen offers worthy tribute to Max Brodel (1870-1941), first director of Hopkins famed medical illustration institute (*Bull. Med. Lib. Asso.*, 33:5, 1945). E. V. Verkhovskaya confirms effective anesthesia with 2.5 cc. alcohol per Kg, in 50 per cent conc. in 5 per cent glucose (*Am. Rev. Soviet Med.*, 2:260, 1945). G. Antonoff discusses changes of properties of colloid mixtures with aging (*Arch. Biochem.*, 6:200, 1945). C. I. and B. P. Reed show that vitamin D exerts catalytic crystal orientation effect in bone (*Am. J. Physiol.*, 143:413, 1945). W. T. Liberton discusses time factors in electric convulsive therapy (*Yale J. Biol. Med.*, 17:571, 1945).

A Distinguished Man's Birthday.—Scores of Pasadena physicians and other citizens vied with one another in honoring Dr. George Dock on his recent birthday anniversary. This modest, gentle mannered man is widely recognized by the medical profession as one of the most distinguished American physicians.

For some forty years he was professor of the theory and practice of medicine in leading universities, among them, the University of Pennsylvania, University of Michigan, Tulane University, Washington University, University of Southern California.

He is author of several books, and has written numerous articles on medical subjects in journals and textbooks. Since 1896, when he first wrote on coronary thrombosis, he has been recognized as an authority on that deadly malady. He was a pioneer in the study and treatment of tropical diseases. For nearly twenty years, Dr. Dock has been in active practice in Pasadena as medical consultant.

One of the many charms of this scholarly scientist is the versatility of his mind and the breadth of his interests. He is a collector of rare books and a lover of flowers and birds.

In addition to several honorary academic degrees which have been conferred upon him, he received last year the highest award of the Association of American Physicians. The annual George Dock Lectureship on some phase of the history of medicine was established in his honor.

Sincerity, genial friendliness, genuine human interest combined with his scholarly habit and scientific achievement have richly earned for Dr. George Dock the title, "The Good Physician."—Pasadena *Star-News*, April 3.

Favorable Vitamin Reports Quickens Public Interest.—Public interest in vitamins has been quickened by recent research reports. Among such was the report made by Dr. Tom D. Spies, director of the Nutrition Clinic, Hillman Hospital, Birmingham, Ala., to the clinic's sponsor, the University of Cincinnati. He stated that in 1944 there had not been one death among 5,845 men, women and children treated in the clinic for deficiency diseases. More than 800 cured patients, he said have gone back to work, many in heavy industries, and 41 to the armed forces. Synthetic vitamins—thiamin, riboflavin, ascorbic acid and niacin—are prescribed at the clinic as supplements to normal eating habits.

Dr. Robert S. Harris, Associate Professor of Biochemistry of Nutrition, Massachusetts Institute of Technology, now reveals that upwards of 35 per cent of accepted nutritional values are lost through "bulk cooking" for miiltary consumption in barracks or aboard ships, or for civilians in hotels and restaurants.

"When you pick food for analysis off the fork, as it were," Dr. Harris told the Office of Pharmacal Information, "you find that between 30 and 50 per cent of the nutrients you might expect to find in it have been lost before they have reached the consumer's plate."

Gaining wide notice is Dr. Harris' so-called "Snatch Test." With associates of the Nutritional Biochemistry Laboratories of M. I. T. he subjected to chemical analysis three meals of each of 71 subjects. The meals were literally "snatched" from their plates to determine the thiamin, riboflavin, niacin, ascorbic acid, calcium and iron content. Adequacy of the diets was measured by comparison with the recommended dietary allowances of the Food and Nutrition Board, National Research Council. So measured, the average daily intake was found to be adequate in ascorbic acid, calcium and iron, but inadequate in thiamin, riboflavin and niacin. Only 7 per cent of the subjects obtained an adequate intake of all these nutrients. Only 35 per cent received the minimum daily requirement of the Food and Drug Administration in thiamin, riboflavin, ascorbic acid, calcium, and iron.

Public Health League Legislative Report

(Following report is continued from page 320)

MASSAGE

Assembly Bill 395—Establishing Massage Board—defeated in committee.

NATUROPATHY

Senate Bill 160—Establishing Naturopathic Board—passed out of Senate Committee without recommendation and defeated in Senate by vote of 25 to 7.

Assembly Bill 1909—Establishing Naturopathic Board—still in committee.

NURSING

Assembly Bill 379—Extending emergency exemption—passed Legislature and signed by the Governor.

Assembly Bill 1235—Abolishing the 21-year age requirement—passed Assembly and now in Senate committee.

SALES TAX

Assembly Bill 712—Exempting appliances and restorations—passed the Assembly and now in Senate committee.

Wisconsin Group Denies 'Improper Practice' Charge.—Ward Ross, general manager and counsel for the Wisconsin Alumni Research Foundation, declared on May 15 that "We disagree with the government on the charge that the foundation has been guilty of any improper practices.

"In reference to the government's charge of maintaining high prices, today Vitamin D, on the basis of the human requirements for it, is the cheapest of the known vitamins," he declared.

Ross said, "The matter is in litigation now, and comes up in Chicago this fall." He referred to Government charges of monopoly and price fixing of vitamin D products filed in Federal Court here against the foundation, 17 manufacturing firms and one individual.

Postwar Jobs in Medical Occupations.—Students, teachers, parents and others interested in medical occupations will find helpful information in three new six-page Occupational Abstracts on Medicine, Nursing, and Medical Laboratory Technologist, just published by Occupational Index, Inc., New York University, New York 3, N. Y. at 25 cents each, or 75 cents for the three.

Each abstract covers the nautre of the work, abilities and preparation required, entrance and advancement, earnings, number and distribution of workers, postwar prospects, advantages and disadvantages and sources of further information, including a select bibliography of the five best references.

DDT Products Loom Big For Post-War Households.—Development of DDT products for general household use as repellent of mosquitoes, flies and other pestiferous insects is viewed as an immediate post-war trend in the packaged medicine field by Dr. E. C. Merrill of the United Drug Company, Boston.

"Expansion of the insecticide field will be most important as a health factor," Dr. Merrill told the Office of Pharmacal Information. "From the world point of view of lives saved, the widespread public use of various combinations of dichloro-diphenyl-trichlorethane (DDT) will rival penicillin."

DDT is being released to industrial laboratories for experimental research. Dusting powders and sprays are most likely developments for home purposes. DDT is a potent drug and like many others its preparation and wholesale use requires considerable technical skill.

Latest release from the U. S. Department of Agriculture reporting results of two years tests with this chemical agent against more than 70 different species of insects showed it experimentally to be definitely more effective than those currently used for control of some 30 pests. Among the insects on which the tests were made were mosquitoes, bedbugs, three kinds of lice on man, and houseflies and fleas in buildings.

American College of Chest Physicians.—The Board of Examiners of the American College of Chest Physicians announce that the next written examination for Fellowship will be held at Chicago, June 6th. Candidates for Fellowship in the College who plan on taking the examination should contact the Executive Secretary of the American College of Chest Physicians, 500 North Dearborn Street, Chicago 10, Illinois.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:..

California Physicians' Service

San Francsico.—(U.P.)—The State Supreme Court today granted a hearing to Maynard Garrison, state insurance commissioner, who has made a three-year fight to have the California Physicians' Service placed under the commission's jurisdiction.

The State-wide service includes 5,000 physicians and members whose monthly dues cover any necessary medical care. The doctors' fees are paid from the Association's funds.

Garrison has held that the payment of dues in return for medical service is an insurance action and should be supervised by the commission.—Santa Maria *Times*, April 12.

More Doctors

Chicago, May 22.—The number of physicians in the United States increased by 3,306 in 1944, the American Medical Association reports. Many more than this number, however, were added to the armed forces as medical officers during the year, so there was a decrease in 1944 of the number of doctors available to civilians.

There were 6,933 additions to the medical profession in 1944. These were the men and women who in that year received their first license to practice medicine and surgery. During the same year 3,627 physicians died.—San Francisco *News*, May 22.

Industrial Physicians' Association

Los Angeles, May 7.—(A.P.)—Dr. Richard O. Schofield of Sacramento has been elected president of the Western Association of Industrial Physicians and Surgeons, succeeding Dr. Rutherford T. Johnstone, Los Angeles.

Other officers chosen are Drs. John D. Ball, Santa Ana, Calif., vice president; Rodney R. Beard, San Francisco, secretary; J. M. McCullough, Crockett, treasurer, and Benjamen M. Frees, Los Angeles, Robert T. Legge, Berkeley, William P. Shepard, San Francisco, and A. C. Dick, San Diego, directors.—Sacramento *Bee*, May 7.

A.M.A. Journal Assails Veterans' Medical Care

Chicago, March 28 (A.P.)—Declaring that medical care for veterans appears "especially poor" compared with that in the armed forces, the *Journal of the American Medical Association* today suggested an independent investigation by a committee reporting directly to President Roosevelt.

"A continuous flow of charges comes from a variety of investigators, commentators, periodicals and publications whose observations have led them to believe that medical care in the Veterans' Administration is on a standard far lower than that prevailing in ordinary practice in the United States," the *Journal* said in an editorial.

"The deteriorated service seems especially poor when contrasted with the high quality of medical care rendered to those in the armed forces."

The *Journal* reviewed reports made by the U. S. Senate's subcommittee on wartime health and education and by newspapers and magazines and said:

"Perhaps the time is ripe for a really authoritative, independent investigation of the administration of medical service to veterans, made by a committee responsible directly to the Executive Office of the President."

The *Journal* reported that the charge has been made that the chief administrator of the Veterans' Administration has "little sympathy with a high quality of medical service" and commented:

"Although the administrator has full authority and adequate funds to avail himself of the very highest quality of consultation and part time services of leading physicians, the utilization has been minimal."

The editorial said veterans' hospitals are not accredited by the A.M.A. Council on medical education and hospitals as institutions suitable to the training of interns, by the council's standard.

"The proper development of the hospitals for veterans would lead, no doubt, in the future toward the utilization of veterans' hospitals for this purpose; this in itself would tend to raise greatly the standard of medical care," the *Journal* concluded.—San Francisco *Chronicle*, March 29.

Debt to Society

The well-worn phrase about "paying a debt to society" takes on new meaning in the case of the several hundred inmates of three prisons who have volunteered as "guinea pigs" in testing new drugs to combat malaria.

Their volunteer duty will extend beyond that of the soldiers who bared their arms to the anopheles mosquito in Walter Reed's search for the malaria carrier. For these men will not only contract the disease, but will submit to experiments with potential remedies whose properties and correct dosage are as yet imperfectly known.

If the tests are successful, malaria sufferers have promise not of the relief and control that quinine and atabrine bring, but of complete cure of this recurring disease. Most important, success will provide a remedy for thousands of soldiers who have contracted this painful, exhausting and sometimes fatal disease.

It is significant that these prisoners are promised nothing beyond the best of care. They are offered no special privileges, commutation of sentence, or other reward. They are simply in the best and truest sense paying their debt to society.—San Jose *Mercury Herald*, May 9.

Six Steps for the Future

Surgeon General Parran recently outlined six steps which must be taken to create a comprehensive national health program: (1) development of a financial scheme through insurance, tax funds or both, to pay costs of medical care for all, (2) grants-in-aid to states for construction of hospitals and health centers, (3) more educa-

tional facilities to train doctors, nurses, technicians to meet the expanded demand, (4) full-time health departments for every part of the country, with full programs of preventive activities, (5) continued support of public and private medical research, (6) provision of adequate water supply and sewerage systems for all.—Maternity Center Association *"Briefs."*

Proposed Change in California Adoption Laws

California law gives an unwed mother sole custody of her child, and the right to give it for adoption without notice to the father.

An amendment has passed the Assembly, and is in the Senate, to extend this right to a married woman who says that her husband is not the father of her child. She could then give the child for adoption without notice to the husband.

We believe this is a dangerous measure. An unwed mother owes responsibility to the child only, not to the father. But a married woman owes responsibility to her husband. Evidence of illegitimacy she might offer could be falsified more readily if the husband had no notice to contest the proceedings. Also, he has a right to know.

The measure does not mention servicemen overseas, but the times and the arguments urged for the proposal do imply that the purpose is to protect the peace of mind of fighting men against knowledge of wives' infidelity. The Army paper *Stars and Stripes* properly is indignant. We believe the measure is unwarranted meddling in personal affairs, whether the husband is a serviceman or a civilian away on a business trip.—Editorial in San Francisco *Chronicle*, June 7.

"Fatherless" Baby Bill Blasted by Army Paper

London, June 4.—(A.P.)—A bill pending before the California Legislature which would permit a faithless wife to arrange for the adoption of an illegitimate child, without notifying her husband, brought today from *Stars and Stripes* the editorial comment, "Well, we'll be damned."

"We thought professional handholders, social thinkers and screwball intellectuals who have been making capital of 'veterans' problems' had already gone far enough," the Army newspaper said, "but when a responsible legislative assembly passes a bill which denies a husband the right to know that his wife has just come up with some one else's baby, we think the whole situation is getting out of hand."

(The bill was passed by the California Lower House Saturday and is now before the Senate.)

"No sensible person will condone infidelity in the marriage partnership. Out of the millions of separated husbands and wives of World War II the majority are playing the game straight.

"Most of them, when they resume normal living, can look each other clearly in the eye without apology and go about the business of reweaving the fabric of their lives.

"Some, of course, will practice deceit. Others may make a clean breast of interim unfaithfulness. In either case it's a problem between a man and his wife and nobody else's business.

"But by all that's holy, let's not have a sovereign state joining in a lie as definite and indisputable as another man's baby.

"We may need handholding by the experts, but we don't need it that bad."

The editorial characterized the bill as "another indication of the growing tendency among a certain type of thinker to make of the overseas veteran a peculiar social problem who must be spared the realities and hand processed back into civil life upon his return."—San Francsico *Examiner*, June 5.

Loose Statements on Nation's Health Condemned by J.A.M.A.

Urges Better Scientific Evaluation of Facts Relating to Proposed Changes in Methods of Medical Practice

The use of propagandists of incomplete statements regarding various aspects of the nation's health in support of proposed changes in methods of medical practice is condemned by *The Journal of the American Medical Association* for April 28. The *Journal* says:

"Among the major annoyances to American physicians of the last decade have been the loose statements emanating from propagandists in support of proposed changes in methods of medical practice. The death rates in the United States, although they are among the lowest if not the lowest of any great nation in the world, are always described as 'shocking' or 'amazing.' We are told again and again that one-third or more of American youths are physically unfit, but they never say physically unfit for what or by what standard. This type of viewing with alarm has now aroused the satire of a writer for the New York *Times*. He says in a recent issue that there is one indispensable rule for viewing with alarm and that is, when quoting, never to use conditional or supplementary clauses. His first example is a statement recently syndicated under a Washington date line: 'Only one American in a thousand is really well fed.' Now actually Americans are today about the best fed people in the world. This does not mean to say that the modern advances in the science of nutrition are universally applied. That will no doubt involve a long process of education. No one has yet discovered a technique for overcoming completely the cultural lag between the acquisition of knowledge and its extension to the remotest individual in the population. The truth about nutrition is expressed in the following, which is the whole sentence: 'Only one American in a thousand is really well fed, in the sense that no further improvement in his physical condition could be made by changes in his diet.'

"Innumerable Americans have been startled in the last three years by the amazing misuse of the statistics coming from the Selective Service System and repeatedly quoted by writers in the press and in the reports of various governmental committees. Even Senator Pepper's Interim Report of the Committee on Education and Labor of the U. S. Senate emphasized the statistics although they did use also the saving statement that we are not obviously a nation of weaklings. The writer for the New York *Times* calls attention to the statement 'Only one American in ten thousand can really be said to boast of a proper physique.' This is a startling indictment, but the sentence, to be finished honestly, must include the clause 'taking the Apollo Belvedere as a standard.' Scientific writers have emphasized again and again that the examination of millions of young men was conducted for a specific purpose—to obtain an army. Moreover, the standards of induction varied from time to time, beginning with an exceedingly high standard when we were concerned with the raising of an army of a million men for training and proceeding to a somewhat lower standard, involving the acceptance of men with manifest disabilities, when it became necessary to scrape the bottom of the barrel. Under the heading 'The Nation's Health' the New York *Times* commentator says:

That second example of what we may call the missing conditional clause is no doubt considerably exaggerated. But in kind if not in degree it is in the same class with so many statements about the positively frightening percentage of American school children who suffer from physical defects, said "defects" often consisting of troublesome tonsils or a couple of tooth cavities or three pounds under weight. It applies, though in less degree, to the large percentage of men disqualified for military service, where the emphasis on "military" is slighted and then entirely forgotten. We end up by speaking of the American nation as 25 per cent physically unfit.

"Similarly we must analyze more scientifically all of the figures now being developed relating to what are called neuropsychiatric disabilities or defects. Many experts are convinced that a large percentage of those who are classified neuropsychiatric under military conditions are able to live efficient, satisfactory lives as civilians in the occupations to which they are adapted. A psychologist has pointed out that the age of 16 years is taken as a maximum for mental sufficiency, so that we need not be alarmed if we are called a nation of 14 years old or 12 year old mentalities. If Thomas Jefferson and Winston Churchill are classified as 16's, the rest of us can be reasonably satisfied to be called 14's.

"Not every one is capable of evaluating scientifically the startling statements made by those who would strike fear as part of a propaganda to secure change. Quoting again:

. . . It is dynamic to say that Americans are really not well fed, if the plain duty of nutrition is to turn us all into Discus Throwers and Venus de Milos, into Johnny Weissmullers and Babe Diedricksens.

The usual retort is that in order to get people to do things you must throw a scare into them. And yet President Roosevelt said that the only thing we have to fear is fear itself."

Bring me men to match my mountains,
Bring me men to match my plains,
Men with empires in their purpose,
And new eras in their brains,

—Sam Walter Foss, *The Coming American.*

MEDICAL JURISPRUDENCE†

HARTLEY F. PEART, ESQ.
San Francisco

Vasectomy and Salpingectomy Under California Law*

In recent years there has been considerable discussion pro and con, with respect to sterilization of humans. Sterilization involves social, economic, and legal problems with all of which physicians are vitally concerned. In this article we shall limit ourselves to a discussion of the legal aspects of sterilization, particularly emphasizing the duty and privileges of physicians.

It must be understood that we are not approaching the problem of human sterilization from a social point of view; that is to say, we are neither advocating sterilization nor opposing it; we are neither endeavoring to point out how it can be done with legal safety, nor are we endeavoring to discourage sterilization operations by erecting or magnifying legal obstacles. On the contrary, we shall merely endeavor to analyze those rules of law which, in our opinion, are applicable and that govern physicians who undertake to determine whether or not a particular person should be sterilized.

Any discussion of the legal status of sterilization must be divided into: first, compulsory sterilization by state agencies; and, second, voluntary sterilization by private physicians. In turn, the second division should be subdivided into: first, the criminal law as applied to sterilization; and, second, the civil liability, if any, arising out of sterilization.

I. Compulsory Sterilization by the State

Status of Compulsory Sterilization.—California has become the leading state in development and application of the policy of sterilizing unfit persons. Of some eight or nine thousand compulsory sterilizations performed in this country up to 1938, approximately six thousand occurred in this state. These numbers have without doubt increased several thousand since 1938.

The California statutes under which these sterilizations have been performed are:

Section 6624 of the Welfare and Institutions Code, which provides:

> The provisions of this section apply to any person who has been lawfully committed to any state hospital, and who is afflicted with, or suffers from, any of the following conditions:
> (*a*) Mental disease which may have been inherited and is likely to be transmitted to descendants.
> (*b*) Feeble-mindedness, in any of its various grades.
> (*c*) Perversion or marked departures from normal mentality.
> (*d*) Disease of a syphilitic nature.
> Before any such person is released or discharged from a state hospital, the State Department of Institutions may, in its discretion, cause such person to be sterilized. Such sterilization, whether performed with or without the consent of the patient, shall be lawful and shall not render the department, its officers or employees, or any person participating in the operation liable either civilly or criminally.

and Penal Code, Section 645, which states that:

> Whenever any person shall be adjudged guilty of carnal abuse of a female person under the age of ten years, the Court may, in addition to such other punishment or confinement as may be imposed, direct an operation to be performed upon such person for the prevention of procreation.

and Deering's General Laws, Act 539, which provides that whenever the resident physician of the state prison deems it to be beneficial to the physical, mental, or moral condition of any recidivist lawfully confined in such prison to be asexualized, such physician shall consult with the general superintendent of state hospitals, and the secretary of the State Board of Health, and after a joint examination into the particulars of the case the three may direct the operation to be performed. However, such operation cannot be performed unless the recidivist has been committed to a state prison at least twice for rape, seduction, etc., and has given evidence that he is a moral and sexual degenerate. The Act also provides that any minor idiot may be asexualized under the direction of the medical superintendent of any state hospital with the written consent of the parents or guardian.

Nineteen states have some statutory regulation of sterilization. The objective of eleven of these is both eugenic and therapeutic, of six purely eugenic, and of two eugenic, therapeutic and penal. Seven statutes provide both for voluntary and compulsory sterilization, seven for compulsory sterilization only, and five for voluntary sterilization only. Three-fourths of the operations throughout the country have been on the insane, one-fourth on the feeble-minded; and of the total, more than one-half have been on males.

With respect to those persons who are within the foregoing statutes (*i. e.*, feeble-minded, perverted or syphilitic persons, recidivists, rapists, and persons with inherited mental diseases), sterilization by a state agency is lawful.

II. Sterilization Outside of State Institutions

Therapeutic Sterilization.—In California there is no statute expressly granting or denying the right to perform or have performed a sterilization operation outside of state innstitutions. However, it would seem reasonable to conclude that, at least in so far as therapeutic sterilization is concerned, it can be performed legally under some conditions even in the absence of express permission of law. The scope of those conditions can only be ascertained or surmised by drawing analogies to similar laws. It is quite likely that the rules relating to abortions would govern since the avowed purpose to be accomplished is similar even though there is no "taking of a life" in sterilization operations. In relation to abortion, the Penal Code of California, Section 274, provides:

> Every person who provides, supplies, or administers to any woman, or procures any woman to take any medicine, drug or substance, or uses or employs any instrument or other means whatever with intent thereby to procure the miscarriage of such woman, *unless the same is necessary to presreve her life,* is punishable by imprisonment in the state prison not less than two no more than five years.

In abortion cases it is necessary that the physician determine for himself that the patient's life will be endangered by pregnancy. There are no guide-posts to assist the physician in this determination and, therefore, as a protection to himself, consultation and approval of one or more other physicians should be obtained. Whenever this care has been taken, the physician may feel fairly certain as to his immunity. There is no case on record in which a physician has been held responsible criminally or civilly under such circumstances. As to the exact illness or condition that must be present, no suggestion can be offered, except that any physical condition which would endanger the mother's chances of surviving childbirth is undoubtedly sufficient ground for the operation. In the light of this, it can be said that sterilization of the female may properly be performed under like circumstances.

As to the male, the situation is more difficult. In *Christensen* vs. *Thornby,* 255 N. W. 620, Minn. 1934, the facts were as follows: A vasectomy had been performed upon a male because his wife's life would have been endangered by pregnancy. Thereafter, the physician was sued for damages on the ground that he had advised the plaintiff

† Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from the syllabi of recent decisions, and analyses of legal points and procedures of interest to the profession.

* This article, by request, is reprinted from CALIFORNIA AND WESTERN MEDICINE, May and June, 1941.

that the vasectomy had been successful and guaranteed sterility. Some time following the operation, however, the plaintiff's wife became pregnant and plaintiff, because of his wife's condition of health which would render childbirth dangerous, experienced anxiety and was subjected to considerable expense before and after the birth of the child. The Court, in rendering a decision in favor of the defendant physician, stated that there was nothing immoral about such an operation since most states permit the same upon the female to protect her life, and that there is no reason why the husband should not be permitted to submit to a vasectomy to protect his wife since there is much less danger involved in that operation than in a salpingectomy. The Court stated that the argument that the husband might later marry some other woman and be incapable of progeny is not sufficient to render the operation immoral. The Court stated:

> Therefore, in our opinion, it was entirely justifiable for them to take the simpler and less dangerous alternative and have the husband sterilized. Such an operation does not impair, but frequently improves, the health and vigor of the patient. Except for his inability to have children, he is in every respect as capable physically and mentally as before. It does not render the patient impotent or unable "to fight for the king" as was the case in mayhem or maiming. Liability of Physicians for Sterilization Operations, Am. Bar Assn. Jour., Vol. 16 (1930), p. 158. See *Smith* vs. *Wayne Probate Judge*, 231 Mich. 409, 417, 204 N. W. 140, 142, 143. We, therefore, hold that under the circumstances of this case the contract to perform sterilization was not void as against public policy, nor was the performance of the operation illegal on that account.

(To be concluded.)

LETTERS†

Concerning Malpractice Liability Through Volunteer Nurses' Aides:

EMERGENCY MEDICAL SERVICE
411 Phelan Building, 760 Market Street
San Francisco 2, California

November 29, 1944.

Mr. Wm. Yount, Deputy Director,
Southern Area, California State War Council,
Room 627, State Building,
Los Angeles, California.

Dear Mr. Yount:

Enclosed is a copy of an opinion voluntarily rendered to me by Hartley F. Peart, Esquire, General Counsel, California Medical Association, on the liability of Volunteer Nurses' Aides to suits for malpractice.

Dr. Halverson has signed a letter requesting an opinion on the same question of the State Attorney General.

When information from the Attorney General has been received here, I shall forward a copy of it to you.

Sincerely,

(Signed) MORTON R. GIBBONS, M.D.,
Chief, Emergency Medical Service.

* * *

San Francisco 4, November 25, 1944.

California State War Council,
Emergency Medical Service, addressed.
Attention: Morton R. Gibbons, M.D., Chief, Emergency Medical Service.

Dear Doctor:

I have examined your letter of November 24, with enclosed copy of Dr. Halverson's request to the Attorney General for an opinion.

I believe that volunteer nurses' aides could be subjected to liability in a malpractice action, even though their services are purely voluntary and gratuitous. In so far as the voluntary aspect of their services is concerned, they would be in the same position as a physician donating his services to county hospitals or charitable institutions. Such a physician is subject to malpractice actions to the same extent as a private physician offering his services for a fee.

The fact that a nurses' aide does not have the same training and experience that a registered nurse has would undoubtedly lower the standard of care which she would be required to fulfill. In my opinion, however, it would be possible to hold a nurses' aide liable for damages resulting from a departure by her from the standard of care normally exercised by other nurses' aides or persons having similar training and qualifications in the community. Of course, a nurses' aide would not be held to the same standard of care as a registered nurse, and if she acted under direct instructions from a registered nurse or a licensed physician, I do not believe that any court would hold her responsible for the results of her actions.

I know of no provision in the War Powers Act or the War Civilian Security Program to meet this danger.

Yours very truly,

(Signed) HARTLEY F. PEART.

Concerning Literature to Military Camps:

STATION HOSPITAL
OFFICE OF THE SURGEON
MUROC ARMY AIR FIELD
Muroc, California

My dear Doctor:

Your recent letter offering to send medical literature to this station has been read with unusual interest and has been posted on the bulletin board for the information of all Medical Officers on duty here.

Your periodicals will be a valuable addition to the professional library of this hospital.

Please convey our grateful appreciation to the members of your Association.

Most sincerely,

(Signed) ROGER S. THOMPSON,
Lt. Colonel, MC,
Surgeon.

* * *

ARMY SERVICE FORCES
NINTH SERVICE COMMAND
Headquarters Camp Beale, California

Dear Dr. Kress:

This letter will acknowledge the receipt of the medical journals and books which were sent to this hospital recently by the C.M.A. Postgraduate Committee.

We appreciate your effort in sending this material to us and feel sure that the medical officers in the different Commands will profit by the receipt of this literature.

We have a fairly complete library at this hospital so far as current medical journals are concerned. However, we are short of medical books, particularly on diseases of women. Now that we have the WACs with us, we find that our problems along this line are increasing and reference books dealing with gynecological problems would be very acceptable.

Thanking you for your interest, I am,

Fraternally yours,

(Signed) OLIN PAUL,
Major, MC,
Chief of Medical Branch.

† CALIFORNIA AND WESTERN MEDICINE does not hold itself responsible for views expressed in articles or letters when signed by the author.

TWENTY-FIVE YEARS AGO†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XVIII, No. 6, June, 1920

EXCERPTS FROM EDITORIAL NOTES

The Santa Barbara Meeting.—Nearly six hundred in attendance, wonderful weather, an uncommon feeling of fellowship and of union in a common cause, these were among the factors which made the 47th annual session of the Medical Society of the State of California, at Santa Barbara, May 11-13, 1920, the best and the most fruitful in the history of the Society. The program was unusually strong. The absence of long discursive papers, the snappy, short addresses by men who knew their subjects, all contributed to unusual scientific value. Dr. John H. Graves of San Francisco was elected president-elect, Dr. John C. Yates of San Diego assumed the office of president, Dr. William Duffield of Los Angeles was elected first vice-president, Dr. Joseph Catton of San Francisco was elected second vice-president, and Dr. Saxton T. Pope of San Francisco was reëlected secretary. It was decided that the session of 1921 should be held in San Diego. . . .

New Minimum Fees for Industrial Accident Work.—At the meeting of the House of Delegates May 11th, at Santa Barbara, the report of the Committee of the Council on Industrial Accident Work was adopted Full report of the committee will be published in the July issue of the JOURNAL.

This is the result of a prolonged effort on the part of the Council to get more equitable fees for Industrial Accident cases. The State Society has never gone on record as accepting any fee schedule in this sort of work, and it is well recognized that the remuneration heretofore offered has been entirely inadequate. We have now officially accepted the standard of fees which have been agreed to by the Industrial Accident Commission and the carriers throughout the state. This is not a final adjustment. It is but the beginning of a graduated scale of compensation for surgical services, and it will be changed from time to time as conditions warrant. It is, however, a start in the right direction. . . .

"Better Health."—At last the long-looked-for day has arrived when the medical profession has available a medium for direct interpretation to the public, in readable, understandable form, of the facts and results of modern scientific medicine. What doctor has not lamented the lack of such a medium? What doctor but has wished time and time again for some way in which medical lore and scientific data could be carried accurately and with authority to the public? "Better Health" supplies this need. . . .

It is the organ of the League for the Conservation of Public Health, and its editor is Mr. Celestine J. Sullivan, the executive secretary of that organization. The League is here to stay. It has demonstrated its worth. It is very much alive. *It is in the fight.* It will win the fight. What fight? The only fight in which the doctor as a doctor is vitally interested. The fight for better and best health for every member of the body politic of these United States, starting in our own California. . . .

(Continued on Front Advertising Section, on Page 20)

† This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

Historical reminiscences, papers and other archives will be welcomed by the C.M.A. Committee on History, to whom such should be sent. Address same to the Committee's Secretary, Dr. George H. Kress, Room 2004, 450 Sutter, San Francisco, 8.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

By F. N. SCATENA, M. D.
Secretary-Treasurer

Board Proceedings

A regular meeting of the Board of Medical Examiners will be held at Native Sons Hall, 414-430 Mason Street, San Francisco, from July 9th to 12th, 1945.

At this meeting legal hearings will be held in cases where licentiates of the Board have been cited to show cause why their California license should not be revoked for violation of one or more of the sections of the Business and Professions Code.

Petitions for modification of terms of probation, heretofore imposed, as well as for restoration of revoked certificates, will be considered during this meeting.

Written examinations for all classes of candidates licensed by the Board of Medical Examiners will be held, starting Tuesday, July 10th and continuing through Thursday, July 12th.

The next oral examination now scheduled will be conducted on August 11th at the Board office, Room 907 State Building, Los Angeles.

News

"Sheriff Ben J. Richardson said today Dr. Wesley L. Ricker, 43, Fresno, had been released on $1,000 bail after Richardson arrested him in Weed, May 10th, on a charge of practicing medicine without a license. Ricker, who is said to maintain a home office in Fresno, has made periodic, advertised trips to this county over a period of many months." (Press dispatch dated Yreka, May 12th, published in Sacramento *Bee*, May 12, 1945.)

"The California Board of Medical Examiners announced today 147 out of 152 applicants passed the examination for physicians and surgeons held Feb. 28 to March 2 in Los Angeles. The highest mark was made by Stanwood Schmidt, Berkeley, who scored 90-1/9 per cent." (Press dispatch dated Sacramento, May 15, published in San Francisco *News*, May 15, 1945.

Report from the Investigation Department discloses that on May 10, 1945, Anastasia Velasquez, unlicensed midwife, was arrested for practicing midwifery in Kern County without a license. The report stated that she was found guilty by Justice of the Peace L. E. Pryor, who imposed a fine of $100 and sentenced her to 90 days in the county jail, suspending the jail sentence for two years, on condition she refrain from delivering any more babies or giving any other type of treatment.

Report from our Investigation Department discloses the investigation and arrest of an individual using the name of Patrick Michael O'Hara, who was alleged to have violated Section 2141 of the Business and Professions Code. This man was said to have masqueraded as an officer in the United States Navy. Upon questioning by investigators, he first claimed graduation from Tulane University Medical School, New Orleans, La., but later admitted that he had not attended any medical school.

† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6. News items are submitted by the Secretary of the Board.